

CITY OF EDINBURGH



**HEALTH & SOCIAL
SERVICES**

1966



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CITY OF EDINBURGH

ANNUAL REPORT

OF THE

HEALTH AND SOCIAL SERVICES
DEPARTMENT

FOR THE YEAR

1966

BY THE

MEDICAL OFFICER OF HEALTH

CONTENTS

	PAGE
INTRODUCTION	v
MEMBERS OF HEALTH COMMITTEE	2
MEMBERS OF WELFARE COMMITTEE	2
JOINT COMMITTEE ON SCHOOL MEDICAL SERVICE	2
STAFF	3
SECTION I — VITAL STATISTICS	4
SECTION II — CHILD HEALTH	
Maternal and Child Welfare	14
School Health Service	41
Dental Services	69
SECTION III — NURSING SERVICES	
Home Nursing	79
Health Visiting	80
Nursing and Maternity Homes	83
SECTION IV — MEDICO SOCIAL SERVICES	
Services for the Aged	88
Services for the Handicapped	93
Mental Health Services	97
Medical Social Workers	110
Home Helps	113
Pre-symptomatic Diagnosis	113
Rehousing on Medical Grounds	114
SECTION V — CONTROL OF INFECTION	
Infectious Diseases	116
Tuberculosis	125
Venereal Diseases	131
Bacteriological Services	134
Immunisation and Vaccination	140
Port Health Supervision	143
SECTION VI — SANITARY SERVICES	145
SECTION VII — VETERINARY SERVICES	190
SECTION VIII — CITY ANALYST	206
SECTION IX — HEALTH EDUCATION AND RESEARCH	208
INDEX	211

ILLUSTRATIONS

VIEWFORTH DAY NURSERY	<i>Facing Pages</i> 18 and 19
OCCUPATION CENTRE—LONGSTONE	104 „ 105
PROGRESS IN SMOKE CONTROL	<i>Page</i> 154
MODERN METHOD IN PACKAGING MILK	164
HEALTH EDUCATION CENTRE... ..	<i>Pages</i> 209 and 210

HEALTH AND SOCIAL SERVICES DEPARTMENT,
JOHNSTON TERRACE,
EDINBURGH, 1.

To: The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Health and Social Services Department for the year 1966.

THE WAY AHEAD

The immediate future is dominated by the economic situation but at both national and local level the balance sheet presented is wrong. Too often only the debit side of the health account is considered, apparently because of a widely held but mistaken belief that the only benefits of health are humanitarian. Was it for nothing that Disraeli pointed out that "the health of the people is really the foundation upon which all their happiness and prosperity as a State depend"? Over three centuries ago too John Webster wrote "Gold that brings health can never be ill-spent".

Why then is this other side of the balance sheet not produced by our financial experts? Surely on the credit side there are benefits, not least in increased earning power, when the health and fitness of the people improves. Moreover, financial restriction of services creates increasing professional discontent and, by stifling progressive and original ideas, forces doctors to join the Brain drain in pursuit of encouragement instead of frustration. In the field of public health cuts in the rate of increase in expenditure, involving the curtailment of new developments, add to the frustration of minimal remuneration compared with other branches of medicine so that not only are few doctors of high calibre starting a career in public health, but also those experienced and able whom we can ill afford to lose are obtaining better paid and more attractive appointments with government departments, hospital authorities and nationalised industries.

It is appreciated that the future development of the health service will be governed by the economic situation and therefore forward-planning must largely be concentrated on promoting greater efficiency and better use of existing services. Nevertheless it has to be accepted that vast and exciting changes are occurring in all aspects of medical care, and that advances in medicine will continue with ever-increasing momentum. Can we reject these advances with the parrot cry "We cannot afford it"? Can we afford not to afford the prospects of better health?

Although the individual may lack interest in keeping well until he has become ill, the promotion of health is in the national interest. A larger

slice of the limited national cake may therefore be required for preventive medicine, if necessary at the expense of desirable, although less essential, provisions like larger and faster aircraft, faster trains, space exploration, the preservation of historic slums, and perhaps even education which is of no value to a child with undetected phenylketonuria, to give but one example. Should not day nurseries for deprived children be given a higher priority than nurseries sheltering plants for the civic parks? Can a home for mentally confused old people be compared with a multi-storey car park? Have we in fact got our priorities right, either at national or local level? Over two and a half thousand years ago Ariphon wrote: "Without health, life is not life, life is lifeless".

Integration of Health Services

Unfortunately the National Health Service of this country is still handicapped by its artificial division into three separate parts, and at all levels it is bedevilled by co-ordinating committees and working parties which, although enabling the service to limp along, cause much frustration and duplication of effort. The inefficiency of the tripartite system has become increasingly clearly demonstrated over the years by the rapid changes in medicine which demand administrative and functional unity. Overall planning is urgently required to take into account on the one hand community needs and on the other the limited availability not only of facilities but also of medical, nursing and ancillary staff. Financial concern too, particularly with the sky-rocketing costs of hospital maintenance, emphasises the clamant need for an integrated system of health care within which the medical officer of health could guide the efforts of hospital and community physicians towards illness prevention and the promotion of health.

Realisation of the full potential of the health service in the field of social and preventive medicine is inhibited by the separation of its sections because, although professional goodwill and mutual co-operation have overcome the barriers between clinical, laboratory and preventive services in infectious disease control, goodwill alone is not enough for the prevention of non-infectious disease, for health promotion and for future co-ordinated programmes of pre-symptomatic screening. Successful development in these directions depends upon a close association of epidemiological planning, laboratory and clinical investigation and clinical field work with community assessment and follow-up, which can only be achieved by complete functional and administrative integration. It is of more than passing interest that the Cathcart Committee, set up in 1933 to review the existing health services in Scotland, recommended integration of the separate services into a national policy.

Preventive Medicine

The general aim of the national policy recommended by the Cathcart Committee was vitally concerned with promoting the fitness of the people by

measures such as health education and improved environmental conditions. In their proposals regarding the medical and allied services they endeavoured to emphasise the importance of preventive work. It is significant that some 33 years later the failure to appreciate the importance of preventive work within the National Health Service has been criticised by Sir Arthur Porritt: "The future of medicine lies in prevention; the National Health Service has not begun to put this into practice, it is an illness service with no vision".

Dr Donald Gould, Editor of the *New Scientist* in a main article of the *Sunday Times* of 23rd April 1967 said: "Medicine in this country is not organised for the prevention of disease but for the treatment of the obviously ill. Britishers rarely think of going to their doctors unless they are suffering (in body or soul). Just imagine facing your own G.P. in the middle of a busy surgery, and answering his weary query "What's the trouble Mrs Jones?" with (brightly) "Oh nothing doctor, I just dropped in to make sure everything's all right". You would be out in the street again before you could say Kenneth Robinson.

General practitioners are paid by the Government to deal with the sick, and the vastly more expensive hospital services are paid for by the Government to provide for the needs of the sicker. Miserably small measures of thought or money go towards stopping people falling ill in the first place. A derisory part of the medical student's education is concerned with preventive medicine.

The whole health machinery is designed for a different purpose—to cure established disease. And curing disease is the job our doctors know. It keeps them busy, and they resist the addition of another and unfamiliar burden. But the change of emphasis must be made, and the Government must accept the responsibility. New doctors must be trained into a new way of thinking, and the harsh fact must be faced that very large sums of money are needed to re jig the tools so that it does become possible for all of us to benefit from the practice of a truly modern sort of medicine. We should not tolerate anything less."

Individual disinterest in illness prevention has already been mentioned and is understandable. Less easy to comprehend is lack of Government action to take a great leap forward in preventive medicine. While the public anxiously awaits a dramatic cure for cancer a dramatic preventive measure is obvious, namely to tax cigarettes out of existence in favour of pipes and cigars. This measure would also greatly reduce the incidence of chronic bronchitis. This country has played around long enough leaving preventive measures for lung cancer and chronic bronchitis to local authorities, whereas their prevention is an urgent national priority both because of the personal suffering for which they are responsible, and because of the high economic cost, particularly of lung cancer, a major cause of death in middle-aged men—often fathers of young families. While the United States Government salves its conscience by printing warning notices of the danger of lung cancer on packets of cigarettes, our own Minister of Health could earn world wide respect, fame and gratitude by placing a tax of £10 on every packet of ten

cigarettes. There is much truth in Shakespeare's lines: "diseases desperate grown, by desperate appliance are relieved, or not at all". Lung cancer is truly a disease "desperate grown" which needs radical excision from our midst.

The national economic gain could be as dramatically spectacular as the effect on mortality of improvements in health during the previous 30 years. The saving of lives during the period 1933-64, revealed by the Office of Health Economics publication "Disorders Which Shorten Life" means that 325,000 persons are living now who would have died as young adults had no reduction in mortality occurred. The net gain to the national income, estimated by the Office of Health Economics at £110,000,000 per year, is one of the many gains which may be set against annual expenditure on health. Furthermore, the reduction of premature mortality has reduced the number of widows and parentless children who would have had to be maintained by the state. It is estimated that in 1963 some 20,000 children lost one or both parents under the age of 45. Had mortality in the young adult age groups remained at the 1933 level this figure would have been 38,000 higher, and hence the need for orphanages has very largely given way to the provision of homes for children from broken families.

Education for Health

Preventive medicine of course not only means the conquest of disease but probably more important today it means keeping people well. If the family doctor is to be asked to keep people well he must become imbued with the desire to practise preventive medicine and the knowledge of how to practise it. Post-graduate education is required both to alter the doctor's outlook and to provide him with the necessary knowledge of prevention. The availability of a family doctor for everyone can only be fully exploited when doctors themselves become interested in health education as the greatest single means of promoting health. The general practitioner requires an awareness of all the many factors which may have inimical effects on health, not forgetting loneliness, frustration, the boredom of too much leisure, interpersonal relationships, *i.e.* the dis-ease caused by difficulties of adjustment to changing ways of life. In the course of the doctor/patient interview more may be achieved by altering the natural history of disease than by changing the body chemistry with sedatives, tonics and tranquillisers. Health education may well be more successful than pharmacology.

For the general public, health education is required not only for the acquisition of knowledge but as a result of that knowledge of so modifying behaviour that we correct false beliefs, wrong attitudes, ill-directed motives and hurtful habits. As Ruskin said: "Education is not that one knows more but that one behaves differently". If a national policy of keeping people well were adopted it would be essential to include health as a compulsory subject in all schools, as Professor Cathcart appreciated over 30 years ago and as was recommended by Lord Cohen's Committee on Health Education in 1964.

The extra school year will provide a challenging opportunity for health and social education with the object of producing good responsible members of society, conscious of their own potential contribution to the health and wellbeing of the community. To this end free discussion groups with these young people must take precedence over formal instruction. They are not generally interested in welfare services for the elderly, vaccination and immunisation of infants, or smoke control areas. But boys especially readily become absorbed in questions of interpersonal relationships, relationships amongst themselves, with girls, with their fathers and people in authority like teachers, employers, etc. Fashion, personal hygiene, make-up and health are obvious interests for girls, as also are child psychology and child development. Free discussion in an encouraging and sympathetic atmosphere can readily be guided to embrace those ways of life beneficial to health and, conversely, the factors inimical to good health.

Fortunately many teachers at the present time go out of their way to provide their pupils with an adequate preparation for life, and much help is readily made available to them from doctors, health visitors and our health education service. Too often, however, school education is concerned with preparing pupils for a livelihood rather than a way of life, and classes in physical education are regarded as sufficient contribution to health. In fact physical education is not a satisfactory substitute for health education. As Bernard Shaw so rightly pointed out, "*mens sana in corpore sano*" is really rather a foolish saying because the sound body is a product of the sound mind. Juvenal himself was well aware of this because he continued: "Pray for a bold spirit, free from all dread". Soundness of mind is thus the real object of health education but too often when classes in this subject are suggested, one meets with the attitude also evident in medical schools in connection with preventive medicine—an attitude best illustrated by the story of the Sabre Tooth Curriculum.

This story concerns a palaeolithic tribe whose survival depended upon keeping at bay sabre tooth tigers and catching fish by hand in the clear pools of the stream. They invented education and children were taught to frighten away tigers with fire and to catch fish with their hands. Then the climate changed and the glaciers crept down over the land. As the warmth was replaced by cold and ice the tigers disappeared but were replaced by bears which were not afraid of fire. At the same time the clear pools were stirred up and became muddy, so that the fish could no longer be seen. With natural human ingenuity the community soon discovered that they could protect themselves from bears by digging pits in which to trap them, and nets were made for catching fish. But the schools continued to teach the arts of tiger-scaring and hand-catching of fish; the education authority even imported a tiger from overseas to provide practical training. Then some radical suggested giving up these old subjects in the schools and replacing them with instruction in digging bear pits and in making and casting nets to catch fish. This proposal was received with horror by the authorities who stated: "That is not education, that would be mere vocational training. We must retain our fundamental cultural subjects—these

are part of our tradition. The curriculum is already overfull and we cannot introduce subjects like fish net making and bear catching, which are of no cultural value”.

Anticipation of Illness

Since the report on health education by Lord Cohen's Committee in 1964, advances have been made in the early detection of disease by presymptomatic screening so that we now have two hopeful measures which, given sufficient priority, could transfer the National Health Service from “an illness service with no vision” into a true Health Service. Education for health and anticipation of illness could confer immeasurable benefits on the community at very little cost indeed.

Presymptomatic screening techniques are designed to detect chronic disease during the long silent period of development before symptoms appear when there may be a good chance of arresting or even reversing the disease process. It all sounds so obvious and simple until we study the variables involved in the natural history of these diseases. To take but one factor as an example—weight—although epidemiological research indicates that overweight people tend to have a higher risk of heart disease, we cannot say that heart disease will not occur in someone of normal weight for their age. Nor have we any idea of a level of excess weight which could be used as a kind of Plimsoll line to separate out those at high risk for further screening tests in relation to other variables. Similarly in connection with most variables there is no clearcut dividing line by which the “at risk” can be separated from the fit; in fact we are concerned with a very large area of grey uncertainty which requires expert interpretation, taking into account many factors in the individual's life.

The only certainty at this point in time is the need to harness together all branches of medicine in association with the social sciences in order to elucidate the multiplicity of outstanding problems. Presymptomatic screening is too important a concept to be the province of any one branch of the Health Service, whilst the indiscriminate introduction of screening procedures without thorough validation could bring the whole concept of illness anticipation into disrepute. Much more epidemiological research is needed to fill the gaps in our knowledge of the natural history of the chronic diseases—“Those vast stretches” as the late President Kennedy observed, “of the unknown, the unanswered and the unfinished”.

The Future in Child Health

We are on firmer ground with selection of infants and children who are handicapped or at risk of suffering from some form of handicap. The criteria are becoming so well established that a very wide and finely drawn net can be cast over the child population. Selective procedures in everyday use at present include the Guthrie test for phenylketonuria, tests for deafness and other handicaps in infancy, and of particular importance intelligence

ascertainment and social assessment. The registers maintained by the child health service of the local authority are activated and reviewed in the light of doctors' and health visitors' periodic progress reports so that not only is clinical and social development supervised, but also the most appropriate educational provision is recommended and arranged timeously. The doctor specialising in child health is in the key position to unlock the doors to the most suitable educational channels for the individual child, after assessing the child's capabilities in association with the family doctor and the specialist paediatricians. By their association with teachers in schools, particularly the special schools for physically or mentally handicapped pupils, the school doctors are well aware of the range of educational facilities suited to each individual child.

Future developments in child health work may well involve the general practitioner in the routine medical supervision of the normal child for whose medical care he is in fact responsible. A redeployment of doctors engaged in child health may become possible when the "at risk" arrangements, already operative for several years, reduce the need for an assessment of health defects at school entry. Departures from normal health throughout school life and thereafter could be assessed by the family doctor, aided by the questionnaires completed for the school health service by parents and teachers. Doctors in the school health service itself would be fewer but recognised as highly specialised members of the medical profession, as indeed they are at present, although rarely accorded the appropriate recognition. In this way not only would continuity of medical care be maintained for the benefit of the child but also the best use would be made of scarce medical and financial resources.

THE YEAR 1966

At national level two major policy publications transcended in importance all other events of the year. The first was the White Paper "Social Work and the Community", which was presented as a basis for discussion but whose proposals may well be introduced regardless of the constructive criticisms put forward. For good or ill the future of the social services has been decided for us and the Scottish trend towards amalgamation of health and welfare departments is to be disrupted. Our main concern is that the local authority provisions for mental health, the handicapped and the elderly should not receive a setback. Local authorities have been given little credit for very considerable achievements in social work despite serious shortages of finance and professionally qualified staff. Within the framework of the National Health Service Act public health departments have built up a first line field force covering a wide spectrum of the population and able to recognise stresses within a family or in family relationships at an early stage. The discovery of need by doctors and health visitors is well in advance of the facilities available, notably for the accommodation of the elderly. More important to people in need of social work help than radical administrative

ERRATUM

CORRECTION—PAGE XI

Last sentence in first paragraph “The resulting improvement . . . work” should follow “period of financial stringency” in second paragraph.

reorganisation, are qualified staff and additional funds to meet, for example, the great scarcity of residential accommodation for old people. The many huge gaps in basic information relating to social work arouse fears that radical change may be a leap into the dark over uncertain shifting ground. It is impossible, for example, to assess even immediate requirements as to the number of trained social workers required and the functions they are likely to be called upon to perform (Council for Training in Social Work 1965, Second Report). It is not clear either what case loads of social workers are at present let alone what they should be. There is ignorance of social needs and of the criteria for assessing them. There is not yet common thinking on training for social work. The resulting improvement in environmental conditions would make a major contribution both to preventive medicine and to preventive social work.

Perhaps of more concern to many in Scotland than reorganisation of social work was the publication of the report by a Sub-committee of the Scottish Housing Advisory Committee, "Scotland's Older Houses". Because good housing is a basic need and because many Scottish houses are so deplorable for health and happiness, Government action to eradicate squalid slums is an urgent priority which should take precedence over social work reform in a period of financial stringency.

The report urges a realistic assessment of the total housing replacement need without regard to powers, resources and finance. It suggests that a target period should be set to meeting the back log and a deliberate policy decision should be taken to achieve the different ways in which the problem can be tackled, *i.e.* by way of clearance, improvement and patching. The need is also emphasised for a policy aimed at preventing the deterioration of houses which must of necessity stand for a considerable number of years by carrying out improvement and patching programmes. It is to be sincerely hoped that the recommendations of Cullingworth and his colleagues will be carefully studied by all concerned with decent living conditions for the people of Scotland.

Vital Statistics (page 5)

As one of the major problems in preventive medicine is still the loss of life which occurs at and around birth, it is gratifying to report a further fall in the rates for stillbirths and for deaths in the first month of life. The stillbirth rate of 13 per thousand total live and stillbirths and the neonatal mortality rate of 15 per thousand live births, are record low figures for the city. Most heartening of all, however, was the marked reduction in the perinatal mortality rate from 29.6 in 1965 to 26.2. This means that many infants now survive the hazards of birth who would previously have died.

For the second year in succession a low number of 20 deaths occurred in the 1-4 year age group; of this number 6 were due to accidental occurrences, including 3 run-over street accidents.

In the adult age groups the most significant mortality figures were those for lung cancer which was responsible for 356 deaths in 1966 and 354 in

1965. As the statisticians had forecast, deaths from this terrible disease having climbed steadily for 40 years are now levelling off and are likely to be maintained at this level unless positive action is taken to stop cigarette smoking. Of all our statistics those for lung cancer deaths are compounded of anguish and human suffering. As King Edward VII said of tuberculosis: "If preventable, why not prevented?"

Child Health (page 14)

The continuing downward trend in the birth rate to 16·7 per thousand population is of particular significance to the Corporation of Edinburgh because it has affected the number of domiciliary confinements. Accepted maternity practice nowadays is that a fully equipped maternity hospital is the safest place for child birth and with so many mothers being delivered in hospital there has been a considerable reduction in the work of the domiciliary midwives. The maternity hospitals' policy of earlier discharge from hospital after confinement has tended to maintain the total number of home visits by the Corporation midwives, but this postnatal visiting could quite well be undertaken by district nurses. At a time of scarcity of midwives their deployment must be considered realistically and it is for this reason that thought is being given to the closure of the Colinton Midwives' Home in 1967. The closure of a further home may also become possible in the near future.

Redeployment of the medical staff engaged in child health work was successfully undertaken in May when an appointments system was introduced at child welfare clinics. The health supervision of the normally fit child is the responsibility of the health visitor whilst the family doctor is available in case of illness. As a result of this arrangement child health doctors were able to devote more time to the more specialised ascertainment and supervision of handicapped children and those "at risk". Protective inoculations continued at child welfare centres and although much of this preventive work may be taken over by general practitioners in 1967, intensive health education of mothers will be a major responsibility of the child health service, with particular reference to diphtheria, poliomyelitis and smallpox. It cannot be over-emphasised to parents that their children's safety, particularly from diphtheria and poliomyelitis, depends on protection from infection by immunisation.

Viewforth Day Nursery, the first double unit nursery in Scotland, was officially opened by the Lady Provost at a special ceremony in the nursery on 6th December 1966. The two nursery units in the one building provide accommodation for 110 children in attractively decorated and pleasantly furnished surroundings. Mere words cannot express the contrast between this modern nursery carefully designed for the purpose and the old premises which the building replaced at St Kentigern's and Tollcross.

As has been the custom for many years the Voluntary Health Workers Association made an invaluable contribution to the care of children in the city by operating no fewer than 32 toddlers' playcentres.

Another voluntary organisation the Edinburgh Branch of the Family Planning Association agreed to undertake for the Corporation the extension of family planning services outlined in a circular from the Secretary of State for Scotland in June. It is now the duty of local authorities to make available, free of charge, advice and treatment for those women in whom pregnancy would be detrimental to health. It did not seem advisable to set up special arrangements for this purpose when the facilities of the Family Planning Association could be utilised and extended to provide advice and treatment by experienced medical officers. The utmost co-operation was received from the Edinburgh Branch of the Association both in preliminary discussions and in putting their facilities at the disposal of the Health Committee for this purpose. Family doctors and health visitors were advised of the arrangements for referring patients directly to the family planning clinics, two of which at Sighthill and Niddrie are held in Corporation clinic premises.

Nursing Services (page 79)

Two major advances in the home nursing service were, firstly, the introduction in September of pre-sterilised disposable dressing packs which greatly simplified previously time-consuming dressing procedures and, secondly, the attachment of district nurses to general medical practices. Started in October as experimental projects the initial response to attachment by both general practitioners and nurses has been most enthusiastic and the resulting improvement in collaboration augurs well for an extension to other practices in future.

In the sphere of health visiting, attachment schemes which have been in operation since 1963 continued to enhance the contribution to the health care of all age groups by doctors and health visitors. In addition to the 7 health visitors attached full-time to groups of practitioners many regular meetings were arranged by family doctors with their district health visitor. Further developments in health visitor liaison with hospitals embraced 13 hospitals in the city and some indication of the value of these arrangements is shown by the figure of 13,466 referrals to health visitors by hospital staff. The work of the health visiting service was reorganised to keep up with modern trends by further decentralisation to city districts and by introducing an element of specialisation in school health, geriatrics and mental health. In order to release experienced specially qualified health visitors for more responsible and onerous functions registered general nurses were employed on routine school health duties and in cleanliness inspections, while more use was made of welfare assistants, particularly in reducing the time taken up by routine follow-up and wasted visits.

Medico-social Services (page 88)

Financial restrictions caused deferment of plans to provide additional

residential accommodation for the aged, including a home specially designed for those who are mentally confused, and the waiting list for admission to welfare homes has reached a record figure for the city. Nevertheless much was achieved in assisting old people to live at home by the provision of meals and the service of home helps, district nurses and chiropodists. The increased number of meals supplied at lunch clubs and through the meals-on-wheels service to a total of 193,383 meals speaks for itself, as also does the figure of 56,000 concessionary passes issued to old-age pensioners for off-peak travel on Corporation transport. Not only was a record number of elderly people treated at clinics and welfare homes by the Corporation chiropodists, but in addition the 4 domiciliary chiropodists managed to attend at the homes of 1,520 patients on 8,163 occasions.

In January there was opened the Longstone Work Centre for mentally handicapped adults but because of very considerable difficulties in obtaining staff with suitable qualifications for this kind of work the number admitted had to be increased at a slower rate than anticipated to a total of 31 by the end of the year. However the quality of workmanship and the range of manufacture have been most impressive and in conjunction with the various social activities have had the necessary therapeutic effect.

Perhaps most impressive amongst the mental health services has been Eversley House hostel for mentally handicapped young men, which in the course of three years has fulfilled its function as a half-way house between hospital and community by enabling 16 former residents to be formally discharged from hospital as able to live an independent life. In fact since November 1963, 46 boys have been admitted, 4 were returned to Gogarburn and 24 were discharged. A notable feature was the number of former residents who have maintained contact with the hostel by returning for social visits and to attend evening classes.

An increasing number of referrals are now coming from the Royal Infirmary Ward 3 poisons unit, whose psychiatric staff believe that more intensive after-care could considerably reduce repeated attempts at suicide; the situation is under review and a request for additional mental health staff will probably be necessary.

We were fortunate when, after a period of three months from the time our two medical social workers obtained teaching appointments, Miss K. Richards accepted the senior vacant post and was shortly joined by Miss Jamieson.

The majority of referrals came from general practitioners, health visitors and hospitals and the establishment of two medical social workers was unable to meet all the requests for help. A Consultation Service for the health visitors was invaluable but the employment of additional social workers would allow more preventive work to be undertaken; people may be referred by a general practitioner not because they are seriously ill, but because they are at a point of crisis in their life situation. Crisis intervention however can only be effective in co-operation with the family doctor, and social workers in all departments must accept their responsibility to report back to him.

Control of Infection (page 116)

The food poisoning outbreak in an Edinburgh factory following the staff Christmas dinner created considerable work for the department's medical, sanitary and veterinary staff, and for the bacteriological service which examined over 2,000 specimens. It seems possible that salmonella organisms multiplied in the cooked turkeys during the overnight period. With the widespread occurrence of salmonella infection in the animal world thorough cooking of meat and poultry is necessary followed by rapid cooling and refrigerated storage.

Sanitary Services (page 145)

The chief sanitary inspector rightly mentions the advisory nature of sanitary work nowadays with particular reference to food hygiene, smoke control, noise nuisances and housing, all of which with offices and shops work and port health have become highly specialised sections of the sanitary service. With so many unfilled posts due to the continuing acute shortage of qualified inspectors, considerable responsibility and a heavy burden of work falls on the divisional inspectors who are responsible for the multiplicity of problems which arise in the four divisions of the city.

Veterinary Services (page 190)

An indication is given by the chief veterinary officer of the extent of the work undertaken to ensure the safety of meat, milk and other foods for human consumption. Mention is made of the seriousness of the high incidence of liver fluke in sheep. The attention of shopkeepers and the public is directed to the danger of keeping for a long time tins of food with a high acid content.

City Analyst (page 206)

The complete report by the city analyst on the work of the laboratory service for 1966, printed as a separate document, contains much of interest regarding new food and drugs legislation, and the corresponding analytical investigations of foods, fertilisers, air, water, etc.

Health Education and Research (page 208)

The Health Education Centre at Castle Terrace opened during the year has provided a most effective display of visual aids and other material which is available to enhance the health education programmes. Health education talks continued during the winter to pre-formed groups although fewer of these are nowadays arranging lecture and discussion sessions. Our own doctors, health visitors and sanitary inspectors who willingly give up

their own time in the evenings to talk to a variety of clubs and associations welcome this opportunity to advise people about illness prevention and health promotion. Not only is guidance needed to avoid ways of life known to have serious ill effects on health, like cigarette smoking, but in addition we know that ill-health can be prevented in very simple ways. Unfortunately some of our advice has had to be reviewed in the light of new knowledge and it will take a long time to alter people's ideas which were firmly fixed by earlier health promotion programmes. An example which comes to mind is the wartime campaign: "Coughs and sneezes spread diseases, trap germs in your handkerchief". Now bacteriologists who have investigated the bacterial content of droplets of moisture sprayed from the nose and mouth tell us that in fact little infection is spread by an occasional cough or sneeze; the few germs present in the droplets quickly fall to the ground. Upper respiratory tract infection is usually conveyed by sharing a room with an infected person for a period of several hours. Handkerchiefs themselves tend to become germ-laden after use for trapping coughs and sneezes and when taken out later spread more germs into the air than would have come from the cough or sneeze, for which the best measure is the hand to divert the spray downwards away from other people. Hands are easily washed and frequent hand-washing reduces the risk of both respiratory and bowel infections.

Another health measure which has had to be radically revised in recent years is the opening of bedroom windows to get fresh air at night, even to the extent of having snow on the counterpane. Some years ago the condition of cold injury was recognised in infants with insufficient cot coverings in an unheated room during cold winter weather; and the infant death rate tends to be higher during cold spells. A similar condition has been reported from many parts of the country as occurring in old people because of lack of sufficient heating in bedrooms and sometimes also in living rooms. Warm clothing and good warm housing are essential for the elderly, especially if much of their time has to be spent lying in bed. Undoubtedly at both extremes of life cold may be dangerous; so too is cold, damp winter air and even worse a foggy atmosphere for those suffering from chronic respiratory diseases, asthma or bronchitis. Their health in the winter months is much improved if they can remain indoors in warm conditions with windows firmly closed.

The association of research with health education has during the last two years enabled a most excellent evaluation of health education techniques to be produced by Dr L. Watson, who was seconded from the school health service to undertake this project, part of the cost of which was borne by the Home and Health Department at the request of Dr J. H. F. Brotherston, the Chief Medical Officer. Mention was made last year of the first report prepared by Dr Watson at the end of the experimental courses undertaken in four schools to compare four different health education methods on the pupil's smoking habits. Because the real success of any technique of health education is best measured by its long-term effects, final questionnaires and personal interviews were arranged a year later just before the pupils left

school. From this evaluation the method of Group Discussion emerged clearly as most successful in modifying behaviour, whilst the Total Project best improved knowledge. As Dr Watson writes: "Group discussion provides two-sided argument and hence satisfies the requirements of experts who advise that those holding opposite or negative views can be converted more easily if their views are discussed and they are then armed to withstand counter-propaganda. In this study, group discussion initially ranked first overall in modifying behaviour, knowledge and attitudes, and in the follow-up a year later, when other methods had proved to have but short-term success, in this school alone no recruitment to smoking occurred". No recruitment to smoking over a period of a year is a very considerable achievement in this age group which in all other schools showed so many of its number starting cigarette smoking. The report recommends factual and sustained health education in primary schools followed up at the secondary school stage by group discussion.

CONTRIBUTIONS TO JOURNALS

- (1) "Developments in Community Care." *The Pharmaceutical Journal*, No. 196, pages 396-398. (Passages from an address given at an evening meeting of the Pharmaceutical Society, held at 36 York Place, Edinburgh, on March 9th.) Dr J. L. Gilloran.
- (2) "The Selective Inspection of Nine-Year-Old School Children in Edinburgh." *The Medical Officer*, No. 3013, Vol. CXV, No. 16, pages 207-214. Friday, 22nd April 1966. Dr I. F. Craik.
- (3) "Abscesses in Pigs." *The Veterinary Record*, 21st May 1966, Vol. 78, No. 21, pages 708-713. Mr John Norval.
- (4) "Community Nursing in 25 years' time." *Nursing Mirror*, 15th July 1966. Mary K. Chisholm, R.G.N., S.C.M., H.V.Cert. (First prizewinner in Community Care Section.)
- (5) "Occupational Infections in the Edinburgh Abattoir." *British Medical Journal*, 16th July 1966, 2, pages 148-150. R. C. S. Burnett and John Norval.
- (6) "Chronic Enteric Carriers: Management of Personal Problems." *British Medical Journal*, 3rd September 1966, 2, pages 551-555. J. C. M. Sharp (as re Littlejohn Gairdner Prize 1965-66).

STAFF CHANGES

Owing to continued illhealth over a period of many months, Miss I. T. Beattie had most unfortunately to retire prematurely from her post as Superintendent Health Visitor. She held the affection and high esteem of her team of health visitors during her term of office from 1958 until April

1966, and all her many friends and colleagues in the department and throughout Scotland will miss the zest and vitality of her contributions to the health visiting scene. We wish her good health and happiness in her retirement.

As successor to Miss Beattie we welcome Mrs Riddell, already well known to the department as Principal Health Visitor Tutor. Because of her previous experience and up-to-date views on modern trends in nursing she will undoubtedly be invaluable in guiding the health visiting service through a period of very rapid change.

Miss C. M. Fraser, formerly Assistant Health Visitor Tutor, was appointed to Principal Health Visitor Tutor on 1st August 1966.

Dr I. F. Craik, Depute Medical Officer of Health, was seconded for special duties with the Home and Health Department for a period of one year.

Dr H. P. Tait became responsible for all child health services, retaining his title of Principal Medical Officer but being relieved of responsibility for medico-social services.

Dr J. C. M. Sharp, Senior Medical Officer, was transferred from infectious disease control to the mental health service on 16th February.

Dr A. Jamieson was promoted to Senior Medical Officer for infectious disease and environmental health on 16th February.

Dr M. S. B. Langton was promoted to Senior Medical Officer for maternity and child welfare on 16th August.

Dr J. C. Willison was promoted to Senior Medical Officer, school health service, on 16th August.

Dr J. Wilson, Assistant Medical Officer, retired on 21st July.

Dr D. Murray, Assistant Medical Officer, retired on 24th September.

Miss A. MacCallum, Senior Medical Social Worker, resigned on 31st August.

ACKNOWLEDGEMENTS

My thanks are due to the Chairman and members of the Health and Welfare Committees and the chief officers of the Corporation for their encouragement and support throughout the year.

For the smooth functioning of the welfare services I am particularly grateful to my Senior Depute, Dr J. M. Mair, whose advice on so many occasions has been invaluable.

I must also thank all members of staff of the Health and Social Services Department, especially those employed in the Public Health Chambers at Johnston Terrace, for their continuing high level of work despite the noisy, dirty invasion by builders, heating engineers, joiners, etc., whose jobs never seem to be finished. The vast chessboard problem of moving whole sections of staff about the building has been accepted willingly in addition to his administrative responsibilities by Mr W. A. B. Valentine, the Administrative Officer, to whom everyone turns for advice. Around him the department

revolves and we are all grateful to him for his ever ready guidance and good humour.

I have the honour to be, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,

J. L. GILLORAN, M.B., Ch.B., D.P.H.,
Medical Officer of Health.

**COMMITTEE MEMBERS
AND
STAFF**

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 Councillor Mrs MARION R. ALEXANDER
 †Bailie MELVILLE DINWIDDIE
 Councillor Mrs WINIFRED E. DONALDSON
 Councillor JOHN FITZPATRICK
 Councillor OWEN HAND
 Councillor GEORGE HEDDERWICK
 Councillor JOHN KANE
 Councillor JOHN D. KIDD
 Councillor MURDO R. M. MACKENZIE
 *Councillor Mrs NANSI H. MANSBRIDGE
 Councillor Mrs CATHERINA T. NEALON
 Bailie Mrs MARGARET B. A. ROSS
 Councillor Mrs MARGARET SMITH
 Bailie PETER WILSON

* Convener of Medical Health Services Sub-Committee.

† Convener of General Health Services Sub-Committee.

Members of the Welfare Committee 1966-67

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 Councillor Mrs BARBARA WOODBURN

* Convener of Homes Sub-Committee.

† Convener of General Purposes Sub-Committee.

Joint Committee on School Medical Service

From Health Committee:

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 Councillor Mrs NANSI H. MANSBRIDGE
 Councillor Mrs M. ROBERTSON MURRAY
 Councillor Mrs CATHERINA T. NEALON
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 Bailie Mrs MARGARET B. A. ROSS
 Councillor Mrs FLORENCE A. R. STRACHAN

Principal Officials as at 31st December 1966

<i>Medical Officer of Health</i>	Dr J. L. GILLORAN
<i>Senior Deputy Medical Officer of Health</i>	Dr J. M. MAIR
<i>Deputy Medical Officer of Health</i>	Dr I. F. CRAIK
<i>Deputy Medical Officer of Health</i>	Dr R. SHORI
<i>Principal Medical Officer for Child Health</i>	Dr H. P. TAIT
<i>Senior Medical Officer for Tuberculosis and Infectious Diseases</i>	Dr A. JAMIESON
<i>Senior Medical Officer for Mental Health Services</i>	Dr J. C. M. SHARP
<i>Senior Medical Officer for Maternal and Child Welfare</i>	Dr M. LANGTON
<i>Senior Medical Officer for School Health Services</i>	Dr J. C. WILLISON
<i>Principal Welfare Officer</i>	Mr W. LITSTER
<i>Chief Sanitary Inspector</i>	Mr I. WINTOUR
<i>Deputy Chief Sanitary Inspector</i>	Mr F. J. ALLAN
<i>City Analyst</i>	Mr P. J. G. HOLLIDAY
<i>Chief Veterinary Inspector</i>	Mr J. NORVAL
<i>Assistant Veterinary Inspector</i>	Mr W. T. FORREST
<i>Chief Dental Officer</i>	Mr J. W. CRAIG
<i>Senior Dental Officers</i>	{ Miss M. MILLER Mr J. ALLEN Mr W. A. WISHART

Number of Staff as at 31st December 1966 1679

Medical Officers	31	**Health Visitors	115
*Sanitary Inspectors	46	Midwives	18
Meat Inspectors	12	‡Nursing Staff	229
Welfare Officers	7	Chiropodists	14
Welfare Assistants	7	Mental Health Services	17
Dental Officers	19	City Analyst	5
†Dental Surgery Assistants	28	Medical Social Workers	2
Oral Hygienists	3	‡Home Helps	593
‡Clinic Attendants	15	‡Domestic Staff	240
Attendants (Old People's Homes)	145	Disinfecting Staff, Motor Drivers and Other Staff	31
Administrative and Clerical	102		

* Includes 5 Smoke Inspectors.
3 Shops and Offices Inspectors.
9 Probationer Sanitary Inspectors.

** Includes 6 Probationer Health Visitors.

‡ Includes 567 Home Helps, Part-time.
58 Domestic, Part-time.
14 Clinic Attendants, Part-time.
5 Nurses, Part-time.

† Includes 6 Dental Auxiliaries.

SECTION I

VITAL STATISTICS

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1962, 1963, 1964, 1965 and 1966

	1962	1963	1964	1965	1966
Population at Mid-Year ...	475,338	476,228	473,270	472,352	468,765
Area of City—Acres ...	34,781	34,781	34,781	34,781	34,781
Density of Population— Persons per acre ...	13·7	13·7	13·6	13·6	13·5
Inhabited Houses ...	154,564	154,982	155,518	155,961	155,547
Marriages Registered ...	4,045	4,035	4,046	4,152	4,246
Birth-Rate ...	18·4	17·9	18·5	17·7	16·7
Death-Rate ...	12·8	13·1	12·4	13·0	13·2
Infant Mortality Rate (per 1,000 Live Births) ...	24	23	21	24	22
Neo-Natal Mortality Rate (per 1,000 Live Births) ...	17	17	15	17	15
Still-Birth Rate (per 1,000 Total Births) ...	16	18	16	14	13
Maternal Mortality Rate (per 1,000 Total Births)	0·3	0·5	—	0·4	—
Cancer Death-Rate ...	2·6	2·6	2·7	2·7	2·7
Pulmonary Tuberculosis Death-Rate ...	0·03	0·03	0·02	0·03	0·02
*Epidemic Diseases Death- Rate ...	0·03	0·05	0·02	0·03	0·08

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough,
Diphtheria, Cerebro-spinal Fever and Influenza.

VITAL STATISTICS

Population.—The Registrar General's estimate of the population of the City at 30th June 1966 was 468,765, a decrease of 3,587 compared with the previous year.

Inhabited Houses.—The City Assessor has indicated the number of inhabited houses as 155,547 at Whitsunday 1966. The table on page 12 shows the number in each municipal ward.

Live Births.—The number of births to Edinburgh mothers during the year was 7,819 (3,959 males and 3,860 females) which represents a birth-rate of 16·7 per thousand of the estimated population. Illegitimate live births were 8·2 per cent. of the total live births and numbered 645.

Still Births.—The number of still births registered was 105, representing a still birth rate of 13 per thousand total (live and still) births.

Deaths.—The number of deaths of Edinburgh citizens during the year was 6,187. The death rate was 13·2 per thousand of the estimated population.

On page 8 the deaths are classified according to sex, age group and disease, also the rates per thousand population. Thirty-eight deaths occurred in the principal epidemic diseases group comprising 35 Influenza, 2 Measles, and 1 Meningococcal Infections.

The number of deaths from cancer of the lung was 356. The table on page 7 shows the deaths from all cancers by age group, sex and site of the disease.

Deaths of Children under 5 Years.—The report by the Principal Medical Officer in the Maternal and Child Welfare Section contains the vital statistics and causes of death of this age group.

Ward Statistics.—The principal statistics for the twenty-three municipal wards are shown in the table on page 11.

Marriages.—There were 4,246 marriages during the year and the marriage rate was 9·1 per thousand of the estimated population.

Analysis of Deaths from Malignant Diseases, 1966

[illegible]

CITY OF

Deaths from Specified Causes
and Death Rates per 1,000

CAUSE OF DEATH	MALES												Total Males
	1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+		
1. Tuberculosis of Respiratory System	—	—	—	—	—	—	1	—	3	2	3	9	
2. " —Other Forms ...	—	—	—	—	—	—	1	—	1	—	1	3	
3. Syphilis and its Sequelae ...	—	—	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections...	—	1	—	—	—	—	—	—	—	—	—	1	
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ...	—	1	1	—	—	—	—	—	—	—	—	2	
9. Other Infective and Parasitic Diseases.	—	—	—	—	—	—	—	1	1	—	—	2	
10. Malignant Neoplasms ...	—	2	2	2	8	5	16	66	197	216	134	648	
11. Benign and Unspecified Neoplasms	—	—	—	—	—	—	—	1	2	—	1	4	
12. Diabetes Mellitus ...	—	—	—	—	—	—	1	2	5	7	6	21	
13. Anaemias ...	—	—	—	—	—	—	—	—	—	3	4	7	
14. Vascular Lesions affecting Central Nervous System.	—	1	—	—	—	—	4	10	55	97	166	333	
15. Other Diseases of Nervous System	2	1	—	1	—	4	3	8	10	5	7	41	
16. Rheumatic Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	
17. Chronic Rheumatic Heart Disease	—	—	—	—	—	2	2	2	9	4	3	22	
18. Arteriosclerotic and Degenerative Heart Disease.	—	—	—	—	—	—	25	90	241	288	252	896	
19. Other Diseases of Heart ...	—	—	—	—	—	—	—	3	3	6	12	24	
20. Other Circulatory Diseases ...	—	—	—	—	—	1	3	10	23	39	74	150	
21. Influenza ...	—	—	—	—	—	—	—	2	4	4	4	14	
22. Pneumonia ...	6	—	—	1	—	1	—	7	17	30	61	123	
23. Bronchitis ...	—	—	—	—	—	—	2	7	59	72	71	211	
24. Other Respiratory Diseases ...	—	—	—	—	—	—	—	3	4	7	10	24	
25. Ulcer of Stomach and Duodenum	—	—	—	—	—	—	—	3	3	4	5	15	
26. Appendicitis ...	—	—	—	—	—	—	—	1	—	1	—	2	
27. Intestinal Obstruction and Hernia	2	—	—	—	—	—	—	2	3	5	11	23	
28. Other Digestive Diseases ...	4	1	—	—	—	—	1	4	11	16	11	48	
29. Nephritis and Nephrosis ...	—	—	—	—	1	1	1	1	7	1	2	14	
30. Other Diseases of Genito-Urinary System.	1	—	—	—	—	—	—	—	2	6	26	35	
31. Puerperal Causes ...	—	—	—	—	—	—	—	—	—	—	—	—	
32. Diseases of Skin and Organs of Locomotion.	—	—	—	—	—	—	—	—	1	2	4	7	
33. Congenital Malformation...	25	2	—	—	1	1	1	—	2	1	—	33	
34. Diseases of Early Infancy...	40	—	—	—	—	—	—	—	—	—	—	40	
35. Senility ...	—	—	—	—	—	—	—	—	—	—	4	4	
36. Motor and Other Road Vehicle Accidents.	—	1	—	1	10	2	3	5	5	7	8	42	
37. Accidents in the Home ...	11	1	1	2	1	5	4	3	6	7	18	59	
38. Suicide and Self-inflicted Injuries	—	—	—	—	3	2	3	9	13	5	1	36	
39. Other Violence ...	1	1	—	2	2	4	6	3	8	2	4	33	
40. All Other Causes ...	1	2	—	1	—	—	—	2	6	3	3	18	
TOTALS ...	93	14	4	10	26	28	77	245	701	840	906	2,944	

EDINBURGH

in Sex and Age Groups
of the Population

CAUSE OF DEATH	FEMALES												Total Fe- males	Total Both Sexes	Rate per 1,000 Pop.
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+				
1. Tuberculosis of Respiratory System	—	—	—	—	—	—	—	1	—	—	—	1	10	0.021	
2. „ — Other Forms ...	—	—	—	—	—	—	—	—	—	—	1	1	4	0.009	
3. Syphilis and its Sequelae ...	—	—	—	—	—	—	—	—	—	—	1	1	1	0.002	
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections...	—	—	—	—	—	—	—	—	—	—	—	—	1	0.002	
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	2	0.004	
9. Other Infective and Parasitic Diseases.	—	—	—	—	—	—	1	1	1	1	1	5	7	0.015	
10. Malignant Neoplasms ...	—	1	—	—	4	5	22	86	147	182	191	638	1,286	2.743	
11. Benign and Unspecified Neoplasms	—	—	—	—	—	2	—	—	2	2	—	6	10	0.021	
12. Diabetes Mellitus ...	—	—	—	—	—	—	1	2	2	12	13	30	51	0.109	
13. Anaemias ...	—	—	—	—	—	—	—	1	3	6	9	19	26	0.055	
14. Vascular Lesions affecting Central Nervous System.	—	—	—	—	1	1	10	14	47	127	413	613	946	2.018	
15. Other Diseases of Nervous System	3	—	—	—	1	1	1	6	4	13	20	49	90	0.192	
16. Rheumatic Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Chronic Rheumatic Heart Disease	—	—	—	—	—	—	5	6	11	18	7	47	69	0.147	
18. Arteriosclerotic and Degenerative Heart Disease.	—	—	—	—	1	1	4	24	105	214	525	874	1,770	3.776	
19. Other Diseases of Heart ...	—	—	—	—	1	—	—	—	4	14	20	39	63	0.134	
20. Other Circulatory Diseases	—	—	—	—	1	—	1	2	15	38	171	228	378	0.806	
21. Influenza ...	—	—	—	—	—	—	—	3	2	2	14	21	35	0.075	
22. Pneumonia ...	7	1	—	—	1	1	2	2	10	18	130	172	295	0.629	
23. Bronchitis ...	—	—	—	—	—	—	1	1	15	18	51	86	297	0.634	
24. Other Respiratory Diseases	—	—	—	—	—	—	1	3	2	7	12	25	49	0.105	
25. Ulcer of Stomach and Duodenum	—	—	—	—	—	—	1	1	3	4	6	15	30	0.064	
26. Appendicitis ...	—	—	—	—	—	—	—	—	—	—	—	—	2	0.004	
27. Intestinal Obstruction and Hernia	1	—	—	—	—	—	—	1	3	7	12	24	47	0.100	
28. Other Digestive Diseases ...	2	—	—	—	—	1	2	4	10	20	27	66	114	0.243	
29. Nephritis and Nephrosis ...	—	—	—	—	—	—	—	—	—	2	2	4	18	0.038	
30. Other Diseases of Genito-Urinary System.	—	—	—	—	—	1	1	1	6	11	15	35	70	0.149	
31. Puerperal Causes ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32. Diseases of Skin and Organs of Locomotion.	1	—	—	—	—	—	2	—	3	2	8	16	23	0.049	
33. Congenital Malformation...	26	—	2	2	—	—	—	—	—	3	—	33	66	0.141	
34. Diseases of Early Infancy...	36	—	—	—	—	—	—	—	—	—	—	36	76	0.162	
35. Senility ...	—	—	—	—	—	—	—	—	—	1	3	4	8	0.017	
36. Motor and Other Road Vehicle Accidents.	—	2	—	1	3	—	—	4	3	8	5	26	68	0.145	
37. Accidents in the Home ...	4	1	—	—	1	4	5	1	5	4	25	50	109	0.233	
38. Suicide and Self-inflicted Injuries	—	—	—	—	4	4	3	9	12	4	1	37	73	0.156	
39. Other Violence ...	—	—	1	—	1	1	1	—	2	3	8	17	50	0.107	
40. All Other Causes ...	1	1	—	—	—	1	—	2	5	6	9	25	43	0.092	
TOTALS ...	81	6	3	3	19	23	64	175	422	747	1,700	3,243	6,187	13.2	

Table showing the Population, etc., also the Births and Deaths in each Ward—1966

No.	WARD	Estimated Population at Mid-Year	Area in Acres	Persons per Acre	BIRTHS (Live)		INFANT MORTALITY		STILL BIRTHS		PULMONARY TUBERCULOSIS		DEATHS		ALL CAUSES	
					No.	Rate per 1,000 Pop.	No.	Rate per 1,000 Births	No.	Rate per 1,000 Births	No.	Rate per 1,000 Pop.	No.	Rate per 1,000 Pop.	No.	Rate per 1,000 Pop.
1	St Giles ...	13,845	396	35.0	293	21.2	14	47.8	4	13.5	1	0.07	3	0.2	221	16.0
2	Holyrood ...	10,165	924	11.0	208	20.5	7	33.7	2	9.5	—	—	—	—	174	17.1
3	George Square ...	13,170	319	41.3	224	17.0	4	17.9	2	8.8	1	0.08	—	—	215	16.3
4	Newington ...	21,600	906	23.8	258	11.9	3	11.6	3	11.5	—	—	—	—	317	14.7
5	Liberton ...	38,100	4,919	7.7	542	14.2	17	31.4	5	9.1	—	—	2	0.05	279	7.3
6	Morningside ...	16,130	693	23.3	202	12.5	3	14.9	1	4.9	—	—	1	0.06	282	17.5
7	Merchiston ...	14,280	762	18.7	262	18.3	5	19.1	4	15.0	—	—	1	0.07	244	17.1
8	Colinton ...	28,780	6,242	4.6	447	15.5	3	6.7	10	21.9	—	—	—	—	245	8.5
9	Sighthill ...	23,230	1,645	14.1	266	11.5	6	22.6	4	14.8	—	—	—	—	214	9.2
10	Gorgie-Dairy ...	18,170	438	41.5	416	22.9	10	24.0	7	16.5	1	0.06	5	0.27	276	15.2
11	Corstorphine ...	22,840	3,518	6.5	406	17.8	8	19.7	3	7.3	1	0.04	—	—	251	11.0
12	Murrayfield-Cramond ...	28,320	3,703	7.6	423	14.9	7	16.5	5	11.7	—	—	1	0.03	239	8.4
13	Pilton ...	32,190	1,255	25.6	616	19.1	15	24.4	10	16.0	—	—	2	0.06	280	8.7
14	St Bernard's ...	24,840	1,424	17.4	340	13.7	8	23.5	9	25.8	—	—	3	0.12	292	11.8
15	St Andrew's ...	10,380	387	26.8	161	15.5	5	31.1	2	12.3	1	0.10	1	0.10	154	14.8
16	Broughton ...	16,155	520	31.1	286	17.7	5	17.5	2	6.9	—	—	3	0.18	233	14.4
17	Calton ...	14,260	318	44.8	300	21.0	7	23.3	8	26.0	—	—	3	0.21	242	17.0
18	West Leith ...	14,990	1,041	14.4	227	15.1	3	13.2	3	13.0	—	—	—	—	209	13.9
19	Central Leith ...	15,290	304	50.3	396	25.9	12	30.3	4	10.0	—	—	2	0.13	230	15.0
20	South Leith ...	17,340	699	24.8	317	18.3	4	12.6	4	12.5	—	—	3	0.17	252	14.5
21	Craigentunny ...	20,220	945	21.4	254	12.6	2	7.9	2	7.8	—	—	1	0.04	260	12.9
22	Portobello ...	20,090	1,673	12.0	309	15.4	6	19.4	4	12.8	—	—	—	—	276	13.7
23	Craigmillar ...	25,370	1,750	14.5	564	22.2	17	30.1	7	12.3	1	0.04	3	0.11	223	8.8
	Institutions and Military Quarters ...	9,010	—	—	102	—	3	—	—	—	4	—	4	—	579	—
	Totals ...	468,765	34,781	13.5	7,819	16.7	174	22	105	13	10	0.02	38	0.08	6,187	13.2

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza.
NOTE.—Births and Deaths occurring in Institutions are allocated to Wards, except in cases where a permanent domicile cannot be established.

CITY OF EDINBURGH

Inhabited Houses

WARDS	1964-65	1965-66	1966-67
1. St. Giles	5,826	5,570	5,461
2. Holyrood	4,350	4,235	4,181
3. George Square	4,972	4,878	4,756
4. Newington	7,421	7,459	7,396
5. Liberton	9,656	10,265	10,243
6. Morningside	6,516	6,525	6,480
7. Merchiston	5,550	5,519	5,512
8. Colinton	8,403	8,519	8,833
9. Sighthill	6,834	6,841	6,892
10. Gorgie-Dalry	7,532	7,499	7,423
11. Corstorphine	7,973	8,127	8,121
12. Murrayfield-Cramond ...	8,946	9,103	9,247
13. Pilton	7,987	8,459	8,519
14. St Bernard's	8,207	8,298	8,252
15. St Andrew's	5,274	4,438	4,116
16. Broughton	6,061	6,037	5,985
17. Calton	5,697	5,630	5,567
18. West Leith	5,733	5,708	5,677
19. Central Leith	5,912	5,792	5,865
20. South Leith	6,834	6,747	6,725
21. Craigentinny	6,981	7,099	7,108
22. Portobello	8,351	8,264	*6,273
23. Craigmillar	4,502	4,949	*6,915
	155,518	155,961	155,547

* Ward redistribution.

<i>Year</i>	<i>Increase</i>	<i>Year</i>	<i>Increase</i>
1951-52	350	1959-60	1,086
1952-53	928	1960-61	946
1953-54	1,076	1961-62	615
1954-55	2,135	1962-63	699
1955-56	1,211	1963-64	418
1956-57	2,208	1964-65	536
1957-58	1,186	1965-66	443
1958-59	1,259	1966-67	414 (decrease)

SECTION II

CHILD HEALTH

- (a) Maternal and Child Welfare
- (b) School Health Service
- (c) Dental Services

MATERNAL AND PRE-SCHOOL CHILD WELFARE

HISTORICAL NOTE

In a report entitled "Edinburgh Scheme for Maternity Service and Child Welfare under the Notification of Births Acts 1907 and 1915" prepared by Dr A. Maxwell Williamson, Medical Officer of Health, and dated 7th July 1916, the genesis of the present maternal and child welfare service of Edinburgh Corporation was conceived. This important document occupied the attention of the then Public Health Committee for some time, and after minor alterations the report was submitted to the Town Council and the Local Government Board for Scotland and was accepted by both bodies in 1917. Soon thereafter the maternal and child welfare service came into reality. It was described by Sir Leslie Mackenzie in his valuable Report on the Physical Welfare of Mothers and Children, Scotland (1917) as deserving of the closest study.

I. MATERNAL HEALTH AND WELFARE

(a) Domiciliary Midwifery Service (Table 1)

The usual agency arrangements continued as in past years. As at 31st December there were 25 whole-time midwives, including the non-medical supervisor, employed in the domiciliary midwifery service, and of these 16 were recognised by the Central Midwives Board for Scotland as approved teachers of pupil midwives.

There was again a reduction in the number of domiciliary births this year compared with last year, the figures being 1,035 and 1,466 respectively, a decrease of 431 births. Of these births 1,031 were attended by midwives under the local health authority service. The distribution of the births, with the figures for 1965 and 1964 in parenthesis, was as follows:—

718 (1,000; 1,094) births were attended by Corporation midwives.

198 (241; 308) births were attended by midwives from the Simpson Memorial Maternity Hospital.

115 (170; 210) births were attended by Queen's Institute midwives.

Of the remaining 4 births, 3 were unattended by either doctor or midwife and 1 was attended by a privately practising midwife.

In all, the 1,031 mothers concerned in the domiciliary confinements had ante-natal, intra-natal and post-natal care given by the midwives in conjunction with the family doctors involved. In addition, the midwives also provided ante-natal care with the doctors in 619 cases (last year 344) where the mothers were booked for hospital confinements, and post-natal care for 363 women (last year 412) who had been delivered in hospital. This last

group of women was comprised of those who were discharged early from hospital.

(b) Puerperal Fever and Puerperal Pyrexia

Three cases of puerperal pyrexia were notified during the year and all were confirmed as pyrexia cases and recovered from their illness. No cases of puerperal fever occurred.

(c) Maternal Deaths (Tables 2-4)

One maternal death took place during the year in a woman who died, undelivered, at 24 weeks' gestation from congestive cardiac failure complicating mitral stenosis.

This year also saw the inauguration of a new system of investigation of maternal deaths along lines similar to investigations of such deaths in England and Wales.

II. CHILD HEALTH AND WELFARE

(a) Registered Live Births (Tables 5, 6, 7)

There were 7,819 registered live births during the year after the necessary corrections had been made. Of these births 3,959 were males and 3,860 were females. The birth rate for the city was 16.7 compared with 17.7 last year and 18.5 in 1964.

(b) Premature Births (Table 6)

Details of these are shown in Table 6. With the increasing use of the decimal system of weight recording it is hoped that in the near future this table will show weights on that scale.

(c) Registered Stillbirths (Tables 8, 9)

There were 105 registered stillbirths after corrections had been made. There were thus 17 fewer still births than last year when 122 were registered. The stillbirth rate for the city this year was 13.0, the lowest rate yet recorded, and compares with rates of 14.0 last year and 16.0 in 1964.

(d) Notified Live and Still Births (Table 1)

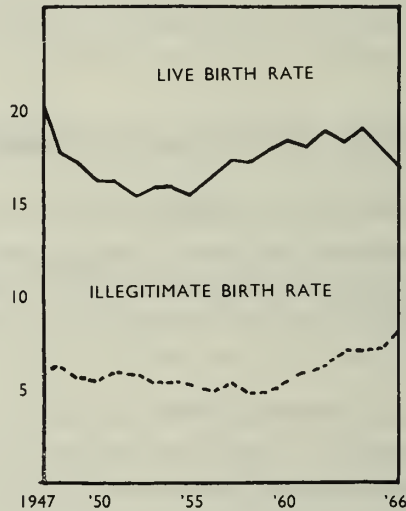
Notified births, both live and stillborn, numbered 10,867, of which 10,694 were liveborn and 173 stillborn. Of these 1,030 of the liveborn and 5 of the stillborn infants were delivered at home. The places of birth of all the liveborn

and stillborn infants delivered in institutions were as follows:—

Simpson Memorial Maternity Hospital	...	...	5,286
Eastern General Hospital	...	...	1,675
Elsie Inglis Memorial Maternity Hospital	...	...	1,472
Western General Hospital	...	...	1,363
Nursing Homes	...	...	36
9,832			

(e) **Illegitimate Births** (Table 5)

There were 645 illegitimate births registered after corrections. The illegitimate birth rate was 8.2 per cent., the highest rate recorded in the city since 1945 when the rate was 9.8 per cent. The following graph shows the live birth rate and illegitimate birth rate since 1947.



(f) **Infant and Pre-School Child Deaths** (Tables 10-14)

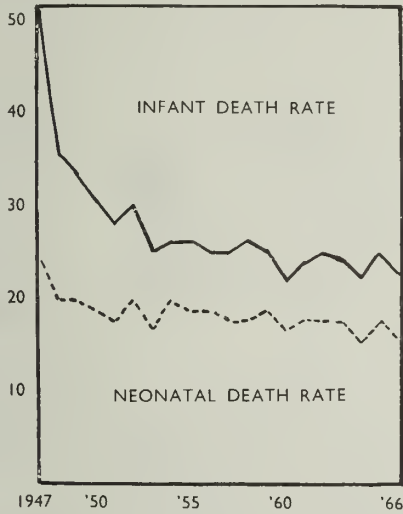
1. **Infant Deaths.**—The infant mortality rate this year was 22 per 1,000 registered live births, a reduction over last year's rate of 24. There were 174 deaths of infants under one year, 119 occurring within four weeks of birth giving a neonatal mortality figure of 15, compared with a rate of 17 last year and the record low rate of 15 in 1964. There were 63 deaths within twenty-four hours of birth or 36.2 per cent. of the total under a year, 103 infants died within a week of birth or 59.2 per cent. of the total under one year, the entire group of 119 neonatal deaths representing 68.4 per cent. of all deaths under one year. Postnatal deaths numbered 55 or 31.6 per cent. of all first year deaths.

The sex mortality was represented by 93 male infant deaths and 81 female

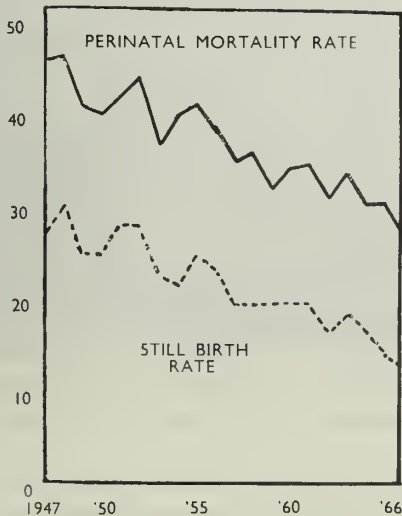
deaths during the first year of life, there being 62 male neonatal deaths and 57 female ones, and 31 male postnatal deaths and 24 female.

Of the locus of infant deaths 141 occurred in hospital, 32 at home, and one infant was found abandoned dead in the street.

Congenital malformations occupied first place among the causes of death during the first year, accounting for 56 deaths, infants of low birth weight followed next with 28 deaths, and then postnatal asphyxia/atelectasis with 20 deaths. Accidental suffocation, allegedly from inhalation of vomited matter and suffocation from pillows, pram covers, etc., exacted a toll of 15 infants, and there was one death from overlaying and one from manslaughter.



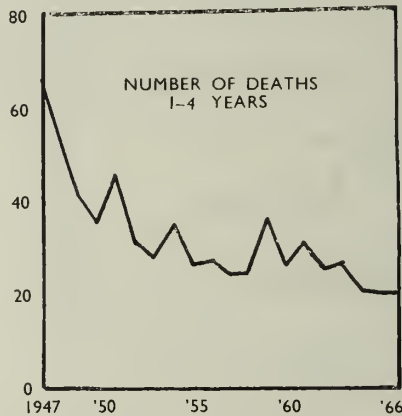
2. Perinatal Mortality.—The perinatal mortality rate was 26.2 compared with 29.6 last year, 29.3 in 1964 and 33.0 in 1963.



3. **Deaths in Age-Group 1-4 years.**—There were 20 deaths in this age group, the same number as last year. Accidental death accounted for 6 cases in the group from the following causes:

Run-over street accidents	...	...	3 (1 at 3 years, 2 at 4 years)
Lead poisoning (eating paint)	...	...	1 (3 years)
Inhalation of vomitus	...	...	1 (1 $\frac{3}{4}$ years)
Assault	...	...	1 (1 $\frac{3}{4}$ years)

Malignant disease accounted for 3 deaths, congenital malformations for 2, and infectious diseases for 2 (1 measles, 1 meningococcal infection). The remaining 7 deaths were from a heterogeneous group of causes.



(g) **Ophthalmia Neonatorum**

One case of this notifiable infectious disease came to the notice of the service during the year. The case was notified by the hospital concerned and treatment was carried out there. The causal organism was the gonococcus and the infant made a complete recovery.

(h) **Health Supervision (Table 15)**

Twenty-nine clinics operated as at 31st December, 6 in purpose-built premises, 19 in adapted premises, and 4 occupied on a sessional basis. Altogether 2,682 clinic sessions were held throughout the year and 6,237 new cases made first visits to the clinics. The total number of attendances made by all infants and pre-school children was 67,476, a reduction of 4,467 attendances from last year. This reduction is largely accounted for by the introduction in early May of the new system of appointments for the medical officer sessions. As remarked in last year's report, plans were then being made to alter the procedure at and conduct of child welfare clinics. These plans were put into operation in May and briefly may be described as follows.

Fewer sessions at which medical officers are in attendance are compensated for by increasing the number of sessions conducted by health visitors.



VIEWFORTH NURSERY—
ENTRANCE.



VIEWFORTH NURSERY—
REAR VIEW.



VIEWFORTH NURSERY—
PLAYROOM.



Doctors' sessions are by appointment only to which children in the following categories are referred for:

A. Routine Examinations

- (1) All infants and children attending for the first time.
- (2) Children on the "At Risk" register who need regular examination and follow-up.
- (3) Handicapped children if not under supervision elsewhere.
- (4) Cases regarding which a health visitor wants a medical officer's help.
- (5) Cases the mothers of whom specifically request to see the medical officer other than those who should consult their family doctors on account of illness.
- (6) Birthday routine examinations of all children of pre-school age.

B. Immunisations

These are arranged either for the beginning or end of the medical officer clinic sessions. Poliomyelitis vaccination (Sabin type) continued to be carried out by the health visitors at their own sessions.

(i) Immunisations (Table 16)

The importance of the preventive inoculations against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox cannot be over-emphasised yet too many parents in the city are neglectful in the matter of these simple measures of protection for their young children. This is revealed in Table 16, and gives rise to concern. Here is an obvious field for intensive health education. The Chief Medical Officer of the Home and Health Department expressed his particular concern at the low immunisation rate against poliomyelitis in a circular letter addressed to all medical officers of health in April.

(j) Day Nurseries (Table 17)

The transfer of children from St Kentigern's and Tollcross nurseries to the new building at Viewforth Terrace was achieved at the beginning of February.

The concept of a double unit nursery is a new one and so far as can be judged at this early stage of occupation the venture seems a success.

The extension to the West Pilton nursery building had not been completed by the end of the year.

Attendance at the nurseries has been very good throughout the year with an average attendance of 81 per cent. Staff health has also been good. There was a period during the year when it was impossible to recruit suitable staff to fill vacancies and practically all the nurseries carried on under great difficulties of staff shortage. The situation, however, showed some improvements by the close of the year.

(k) Nursery Nurse Training Scheme

Forty-one students were presented for the examination for the Scottish Nursery Nurses Examination Board's certificate and 34 were successful. Three gained "merit" passes in the practical section of the examination and two in the written section. Several of the candidates were residents in the nursery nurses hostel at 19 Chester Street which continues its function of providing a homely atmosphere for out-of-town students in the training scheme.

(l) Nurseries and Child Minders Regulation Act, 1948 (Table 18)

As at 31st December there were 22 nurseries and 55 child minders registered under the Act in the city, catering for 509 and 678 children respectively. During the year a part-time "Play Group Visitor" was appointed to allow of more frequent visiting both of nurseries and child minders. The number of registrations seems likely to increase if the numerous enquiries received are any guide.

In April the Private Nurseries Group (a voluntary grouping of those ladies who are registered) organised a one-day conference at Viewforth Day Nursery and it was very well attended. The group also holds evening meetings for child study and related matters and is "under the umbrella" of the Edinburgh branch of the Nursery School Association. With the co-operation of our service the group distributes a newsletter to those who are registered giving helpful information to all concerned.

(m) Toddlers' Play Centres (Table 19)

Thirty-two playcentres were in operation as at 31st December, a new centre having been opened during the year at Dalmeny Street (September) and additional sessions inaugurated at Stockbridge (August) and West Pilton (August). The Voluntary Health Workers Association, as before, is responsible for the provision of such centres and receives an annual grant from the Health Committee to carry on its excellent and rewarding endeavours.

(n) Welfare Foods Distribution (Table 20)

Reference to Table 20 shows that the uptake of National Dried Milk had fallen over the year by more than 9,000 tins compared with last year, cod liver oil compound by almost 1,000 bottles, and Vitamin A and D tablets by a few hundred, while a striking rise by more than 17,000 bottles was shown for concentrated orange juice. There is little doubt that thought should be given by the Government to making cod liver oil compound at any rate more attractive than it is at present. Arneil (1964) has already commented on this need.

(o) Infant Feeding Centre

The Health Committee has decided that in future this centre at Portobello should continue to function for the month of July only. This year the centre was open from 2nd July to 14th August with a total attendance of 340. This number shows a fall of almost 400 from the 728 attendances recorded for the six-week period last year, and of more than 500 compared with the figure for 1964—874.

III. DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

Comment was made in last year's report of the failure of expectant and nursing mothers to take advantage of the priority dental service made available to them through the maternal and child welfare service. A similar criticism can be levelled at the parents of pre-school children in not availing themselves of the service for the benefit of their youngsters. Only 520 such children received dental care appropriate to their dental state.

IV. HOMES FOR MOTHERS AND BABIES PROVIDED BY VOLUNTARY ORGANISATIONS (Table 21)

The three organisations concerned in this special provision continued to perform their functions with unremitting zeal.

V. HEALTH VISITING (Table 22)

(a) Home Visiting

A full description of the work of the health visiting service will be found in Section III dealing with the nursing services. Only maternal and child welfare aspects of the service are dealt with here.

During the year 2,713 expectant mothers were visited for the first time with 1,751 subsequent visits, making a total of 4,464 visits to this group of the population. To nursing mothers 6,006 first visits and 1,793 subsequent visits were paid, making a total of 7,799 visits.

With regard to infants and young children 7,845 first visits and 35,822 subsequent visits were made to infants born in 1966, a total of 43,667 visits; 679 first visits to infants born in 1965 and 36,167 subsequent visits, a total of 36,846 visits; and to children born between 1961–64, 1,035 first visits and 72,028 subsequent visits were made. The grand effective total of 165,839 visits were made to expectant and nursing mothers and children under 5 years.

Waste visits, that is, instances where the women or parents and their children are not found at home, have always been a matter of concern over the years. This year no less than 27,558 wasted visits were recorded. One

method whereby this wastage may be reduced is by making appointments for visiting in home and by the greater use of the telephone where this is applicable. Already adoption of these measures is bearing fruit.

(b) Health Visitor Training Course

Twenty-six students enrolled for the health visitor training course in September last year and twenty-five were successful in the examination held in June–July this year. This examination was the first organised by our training school and approved by the Council for the Training of Health Visitors whose professional advisers gave advice and help during the year on the implementation of the new syllabus.

Syllabus of Training

The new syllabus was fully implemented during the 1965–1966 course and showed a greater emphasis on the study of psychology and sociology than in previous years. The lecture programme was again carried out by members of the Health and Social Services Department staff, lecturers from the University, and consultants from specialist hospitals.

Practical Work Training

This was arranged in Edinburgh and Midlothian and Fife Counties, students being placed with field work instructors for this part of their training which included the teaching of the principles of health visiting and a detailed study of a number of selected families.

The field work instructors assisted in the classroom teaching of students by conducting group discussions on the practical aspects of health visiting, illustrating these from their own wide experience.

All the field work instructors have now attended special courses to prepare them for this work.

Group Projects

As in former years, this method of detailed study was used and dealt with the overall question, "The Elderly". This was divided into five sections—Nutrition, Loneliness, Housing, Finance, and Preparation for Retirement. The results of these projects were presented to colleagues and friends by means of role-play, tape-recordings and a playette, and an illustrated record was made on each topic, which proved to be a useful reference acquisition to the school library.

Examination

This was arranged by our training school and approved by the Council for the Training of Health Visitors. It was divided into two parts, and three written papers were set and marked by the internal examiners, all of whom had taken part in the lecture programme during the course. The oral examination was conducted by two external examiners and an internal

examiner and dealt with the student's own personal work on a project of a self-selected topic and from detailed family studies.

The 25 successful candidates gained the Health Visitor Certificate awarded by the Council for the Training of Health Visitors.

Associated Course

This course attracted two students, both of whom were successful in obtaining both the Health Visitor Certificate and the District Nurse Certificate from the Queen's Institute of District Nursing, Scotland. The value of this course appears in the fact that the overlap of theoretical content of both courses is avoided, thus enabling the student to benefit from a longer period of practical and district experience and to obtain the double qualification in a shorter time.

The continued need for such trained public health nurses in rural areas to carry out triple duties indicates that an increase in the number of candidates for this course may be anticipated and this year enquiries show an increase over those of last year.

Field Work Instructor Course—St Andrews, April 1966

The tutor attended this course and acted as a group leader. It was interesting and of great value in administering this part of the Health Visitor Certificate course.

Tutorial Staff

Miss D. M. Stevenson, the Principal Health Visitor Tutor, was appointed Superintendent Health Visitor on 1st August this year. She had been in charge of the Edinburgh School for 10 years and had developed many aspects of training and was the guiding hand which steered the new syllabus of training into fruition.

The appointment of Miss C. M. Fraser as Principal Health Visitor Tutor, replacing Miss Stevenson, was made as from 1st August 1966.

The national shortage of health visitor tutors has been severely reflected in the fact that a second tutor has not yet been appointed to our school but it is hoped that this will be remedied before long.

(c) Wider Basic Nurse Training

This scheme entered its second year in 1966 and the pattern followed was much the same as in the previous year. Central administration by the Principal Health Visitor Tutor continued and, because of the shortage of health visitor tutors, it was necessary to have assistance from a qualified health visitor.

The main theory weeks in January, May and September were held at the Civil Defence Headquarters, Ardmillan Terrace. The range of programme covered lectures, films, discussion sessions and a wide variety of topics, and in these the student nurses showed great ability in being able to discuss freely.

Practical Work.—This has continued in the same way as last year's, varying according to the area where the student nurse is placed. In Edinburgh, East Lothian and West Lothian, two days are spent with a district nursing sister, and three days with a health visitor, whilst in Midlothian and Roxburghshire it is possible for the student to spend two weeks with the public health nursing personnel.

The Third Week.—Smaller groups meet for discussion, expansion of subjects dealt with during main theory weeks, films and visits of observation to industry and to special industrial centres for the handicapped. The student nurses are most appreciative of the arrangements made for them in this part of the course.

It is worth noting at this point how difficult the average second-year student nurse finds it to relate the community and environmental services to the patients in their care in the hospitals of the South-Eastern Region because of the apparent early discharge of patients to convalescent homes or to specialist hospitals.

Some disappointment has been felt in the lack of participation in the courses arranged by the nursing administrative and teaching staffs of the respective hospitals, the reason for which may be the overall pressure of work and the lack of available time.

VI. ASCERTAINMENT OF DEAFNESS IN YOUNG CHILDREN

More than 1,000 additional young children were screened for deafness compared with last year, the figures being 3,101 and 2,075. The health visitors perform these tests at clinics, day nurseries, play centres, children's homes and in the homes of the youngsters themselves. Of the 3,101 children screened 15 failed a first test but on repeating it the number was reduced to 6, all of whom were referred for specialist advice. Four of these referred had their tonsils and adenoids removed with subsequent return to normal hearing, one was found to have normal hearing, and one was fitted with a hearing aid. It is satisfactory to hear from our colleagues in the school health service that the pre-school screening is proving effective in the early ascertainment of deafness.

VII. PHENYLKETONURIA

All domiciliary midwives were equipped with the necessary items to take samples from the newborn about the 7th day of life for Guthrie testing as from 1st January this year. It was, however, some little while before we were able to get organised in the way of registers, inter-change of information and other important technical details. Consequently the figures given here are only those from 1st April when the full recording scheme came into operation. There were, from this date, 8,073 live births and 7,698 babies had Guthrie tests performed; 118 died before the fourth day; 256 infants

were discharged with their mothers from hospital to other areas before the test could be performed (early discharges); and in 1 instance, a domiciliary birth, consent to take a Guthrie sample for testing was refused. No cases of phenylketonuria were detected. As a check on the Guthrie test, the health visitors carried out 2,869 phenistix tests on infants aged between 6 weeks and 3 months, and in no case was a test shown to be positive.

VIII. THE "VULNERABLE" AND "HANDICAPPED" CHILDREN'S REGISTERS

I am deeply indebted to Dr Margaret S. B. Langton for the details of these two registers shown in Appendix A.

IX. MISCELLANEOUS

The general supervision of the infants and children attending the Corporation's day nurseries is undertaken by the medical officers of this service. A general medical service for the children in the Children Committee's residential homes is also carried out as in past years. The principal medical officer acts personally as honorary medical officer to the Scottish Association for the Adoption of Children.

PERSONAL

Warm congratulations are extended to Sister Ruth Kitchin, of the domiciliary midwifery service, on obtaining the Midwife Teachers Diploma; and to Miss Mary K. Chisholm, assistant superintendent of health visitors, whose essay, "Community nursing in 25 years' time" won first prize in the Nursing Mirror "Ren Jubilee" Essay Competition, community care section (*Nursing Mirror*, 1966, 122, 355).

Dr Langton was invited to open a discussion on "Development of Child Health Services" at the County Borough Medical Officers of Health Summer School at Liverpool in July (*Med. Off.* 1966, 116, 125). Miss Chisholm published a further paper, "Education and the Nurse" (*Nursing Mirror*, 1966, 122, 515).

The principal medical officer was appointed by the Secretary of State for Scotland a member of the Scottish Nursery Nurses Examination Board, and contributed several chapters to the fourth edition of *Child Health and Development* (1966) edited by the late Professor R. W. B. Ellis.

ACKNOWLEDGEMENTS

I am much indebted to the members of the maternal and child welfare service staff to whose unremitting efforts and work the general success of the service is due. The work is hard and exacting but the satisfaction resulting is considerable. To my colleagues in the other services with whom we work closely my warm thanks are accorded. To the many voluntary workers with whom we are associated we extend cordial appreciation of what they do. Much has been achieved, much remains challenging.

TABLE 1.—MIDWIFERY SERVICE

I. Total number of births notified—							
(i) Live:	Institutional	...	...	...	...	...	9,664
	Domiciliary	...	...	...	...	...	1,030
							10,694
(ii) Still:	Institutional	...	...	...	...	...	168
	Domiciliary	...	...	...	...	...	5
							173
							10,867
II. Total number of births in (I.) occurring in institutions—							
	Simpson Memorial Maternity Pavilion	...	...	...	...	...	5,286
	Elsie Inglis Maternity Hospital	...	...	...	...	...	1,472
	Eastern General Hospital	...	...	...	...	...	1,675
	Western General Hospital	...	...	...	...	...	1,363
	Nursing Homes	...	...	...	...	...	36
							9,832
III. Total number of domiciliary births in (I.) classified to show nature of attendance at birth—							
(a)	Doctor booked	...	...	...	...	...	1,023
(b)	Doctor not booked	...	...	...	...	...	9
(c)	Midwife alone (no doctor engaged)	...	...	...	...	...	—
(d)	Doctor alone (no midwife engaged)	...	...	...	...	...	—
(e)	Without doctor or midwife	...	...	...	...	...	3
							1,035
							10,867
							10,867

TABLE 2.—MATERNAL DEATHS

CAUSE OF DEATH	AGE AT DEATH							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45+	
Puerperal Sepsis	—	—	—	—	—	—	—	—
Toxaemia	—	—	—	—	—	—	—	—
Haemorrhage	—	—	—	—	—	—	—	—
Embolism	—	—	—	—	—	—	—	—
Other Conditions	—	—	—	—	1	—	—	1
	—	—	—	—	1	—	—	1

TABLE 3.—MATERNAL DEATHS 1963-1966
NUMBERS AND RATES PER 1,000 TOTAL BIRTHS (LIVE AND STILL)

	1963		1964		1965		1966	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Septicaemia	1	0.1	—	—	1	0.1	—	—
Toxaemia	—	—	—	—	—	—	—	—
Haemorrhage	1	0.1	—	—	1	0.1	—	—
Embolism	—	—	—	—	—	—	—	—
Other Conditions	2	0.2	—	—	2	0.2	1	0.1
	4	0.5	—	—	4	0.5	1	0.1

TABLE 4.—MATERNAL MORTALITY
RATE PER 1,000 TOTAL BIRTHS (LIVE AND STILL)

Year	Total Births (Live and Still)	Registrar General's Classification						After Clinical Investigation					
		Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births	Puerperal Sepsis	Rate per 1,000 Births	Other Diseases associated with Child-birth	Rate per 1,000 Births	Total Deaths	Rate per 1,000 Births
1957	8,007	—	—	2	0.2	2	0.2	—	—	2	0.2	2	0.2
1958	8,019	2	0.2	2	0.2	4	0.5	2	0.2	2	0.2	4	0.5
1959	8,311	1	0.1	—	—	1	0.1	—	—	1	0.1	1	0.1
1960	8,609	—	—	1	0.1	1	0.1	—	—	1	0.1	1	0.1
1961	8,532	—	—	1	0.1	1	0.1	—	—	1	0.1	1	0.1
1962	8,893	1	0.1	1	0.1	2	0.2	—	—	3	0.3	3	0.4
1963	8,660	2	0.2	2	0.2	4	0.5	2	0.2	2	0.2	4	0.5
1964	8,917	—	—	—	—	—	—	—	—	—	—	—	—
1965	8,492	1	0.1	2	0.2	3	0.4	1	0.1	3	0.4	4	0.5
1966	7,819	—	—	—	—	—	—	—	—	1	0.1	1	0.1

TABLE 5.—LIVE BIRTHS

	Legitimate	Illegitimate	Total	Illegitimate Births per cent. of Live Births
1st Quarter 1962	2,074	124	2,198	5.6
2nd " " " " " " " "	2,063	141	2,204	6.4
3rd " " " " " " " "	2,019	125	2,144	5.8
4th " " " " " " " "	2,056	151	2,207	7.3
Year 1962	8,212	541	8,753	6.2
1st Quarter 1963	2,001	153	2,154	7.1
2nd " " " " " " " "	2,029	147	2,176	6.8
3rd " " " " " " " "	1,995	149	2,144	6.9
4th " " " " " " " "	1,883	147	2,030	7.2
Year 1963	7,908	596	8,504	7.0
1st Quarter 1964	2,012	161	2,173	7.4
2nd " " " " " " " "	2,111	141	2,252	6.3
3rd " " " " " " " "	2,065	156	2,221	7.0
4th " " " " " " " "	1,974	154	2,128	7.2
Year 1964	8,162	612	8,774	7.0
1st Quarter 1965	1,980	156	2,136	7.3
2nd " " " " " " " "	2,022	160	2,182	7.3
3rd " " " " " " " "	1,915	119	2,034	5.9
4th " " " " " " " "	1,854	164	2,018	8.1
Year 1965	7,771	599	8,370	7.2
1st Quarter 1966	1,790	157	1,947	8.1
2nd " " " " " " " "	1,768	174	1,942	9.0
3rd " " " " " " " "	1,871	159	2,030	7.8
4th " " " " " " " "	1,745	155	1,900	8.2
Year 1966	7,174	645	7,819	8.2

TABLE 6

Weight at birth	Premature live births												Premature still- births		
	Born in hospital				Born at home or in a private maternity home										
					Nursed entirely at home or in a private maternity home				Transferred to hospital on or before 28th day						
	Total Births	Died			Total Births	Died			Total Births	Died			Born		
Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of births		In 1 and under 7 days	In 7 and under 28 days	Within 24 hours of birth		In 1 and under 7 days	In 7 and under 28 days	In hospital	At home	In private maternity home	
2 lb. 3 oz. or less ...	23	14	7	—	—	—	—	—	1	—	—	—	8	—	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	32	12	4	—	—	—	—	—	1	—	—	1	28	1	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	91	8	6	1	—	—	—	—	1	—	—	—	12	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	95	4	2	—	3	—	—	—	4	—	—	—	9	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	234	5	4	4	9	—	—	—	4	—	1	—	7	1	—
Totals	475	43	23	5	12	—	—	—	11	—	1	1	64	2	—

TABLE 7.—BIRTH RATES for eight large towns in Scotland and for the whole of Scotland

Year	Scotland	Glasgow	Edinburgh	Dundee	Aberdeen	Paisley	Greenock	Mother- well and Wishaw	Clyde- bank
1957	19.0	20.8	16.9	19.3	19.1	19.7	21.3	20.9	23.0
1958	19.2	21.1	16.8	19.8	17.4	21.1	20.5	21.2	22.7
1959	19.1	21.0	17.4	19.8	17.9	20.0	20.9	20.4	22.1
1960	19.4	21.6	17.9	20.5	17.5	21.7	21.2	20.7	21.0
1961	19.5	21.6	17.7	20.1	17.6	21.5	22.7	21.4	22.1
1962	20.1	22.4	18.4	20.4	17.5	22.1	22.8	20.8	20.8
1963	19.7	22.0	17.9	20.5	17.9	21.1	22.3	20.5	20.9
1964	20.0	22.0	18.5	20.7	17.0	20.9	22.5	20.9	22.1
1965	19.3	20.8	17.7	19.8	17.5	20.2	21.7	20.3	21.7
1966	18.6	20.2	16.7	18.2	15.9	18.9	20.2	19.1	21.2

TABLE 8.—EDINBURGH AND SCOTLAND—STILL-BIRTH RATES
(per 1,000 Total Births Live and Still), 1957–1966

Year	Edinburgh		Scotland	
	No.	Rate	No.	Rate
1957	153	19	2,381	24
1958	155	19	2,324	23
1959	161	19	2,252	22
1960	166	19	2,252	22
1961	159	19	2,147	21
1962	140	16	2,122	20
1963	156	18	1,997	19
1964	143	16	1,900	18
1965	122	14	1,835	18
1966	105	13	1,589	16

TABLE 9.—STILL-BIRTHS 1966

Cause	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total	Rate per 1,000 Total Births
Acute and Chronic Disease in mother ...	—	—	1	2	3	0·4
Toxaemias	2	3	4	5	14	1·8
Ante-partum Haemorrhage	2	4	4	3	13	1·7
Other Placental and Cord Conditions ...	10	1	7	4	22	2·8
Foetal Defects	6	6	7	12	31	4·0
Difficult Labour	—	—	1	3	4	0·5
Other causes	1	2	1	—	4	0·5
Ill-defined	4	3	3	4	14	1·8
All Causes	25	19	28	33	105	13

TABLE 10.—EDINBURGH—INFANT MORTALITY RATES (deaths under
ONE YEAR per 1,000 Live Births)

Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality	Year	Infant Mortality
1887	137	1907	121	1927	80	1947	49
1888	128	1908	R114	1928	75	1948	34
1889	133	1909	113	1929	80	1949	32
1890	144	1910	103	1930	82	1950	29
1891	138	1911	115	1931	69	1951	27
1892	135	1912	110	1932	73	1952	29
1893	148	1913	101	1933	66	1953	24
1894	125	1914	110	1934	62	1954	25
1895	152	1915	132	1935	70	1955	25
1896	122	1916	100	1936	68	1956	24
1897	164	1917	T123	1937	70	1957	24
1898	Z141	1918	94	1938	61	1958	25
1899	147	1919	Y117	1939	59	1959	24
1900	132	1920	89	1940	68	1960	21
1901	143	1921	P96	1941	66	1961	23
1902	119	1922	91	1942	56	1962	24
1903	117	1923	82	1943	54	1963	23
1904	125	1924	89	1944	51	1964	21
1905	124	1925	96	1945	50	1965	24
1906	112	1926	80	1946	52	1966	22

z Sanitary Department formed 1898. P City Boundaries extended. R Voluntary Visiting in Homes.
T Child Welfare Department formed May, 1917. Y Reflection world influenza epidemic, 1918-1919.

TABLE 11.—CHILD WELFARE WARD STATISTICS 1966

	Live Births		Still Births		Illegitimate Births		Infant Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
St Giles	293	20·8	4	13·5	33	11·3	14	*47·8
Holyrood	208	20·1	2	9·5	18	8·7	7	33·7
George Square	224	16·8	2	8·8	23	10·3	4	17·9
Newington	258	11·8	3	11·5	18	7·0	3	11·6
Liberton	542	14·2	5	9·1	*57	10·5	*17	31·4
Morningside	202	12·4	†1	4·9	14	6·9	3	14·9
Merchiston	262	18·1	4	15·0	16	6·1	5	19·1
Colinton	447	15·9	*10	21·9	15	3·4	3	†6·7
Sighthill	266	†11·4	4	14·8	20	7·5	6	22·6
Gorgie-Dalry	416	22·9	7	16·5	29	7·0	10	24·0
Corstorphine	406	17·6	3	7·3	†11	†2·7	8	19·7
Murrayfield-Cramond	423	14·9	5	11·7	14	3·3	7	16·5
Pilton	*616	19·1	*10	16·0	*57	9·3	15	24·4
St Bernard's	340	13·6	9	25·8	22	6·5	8	23·5
St Andrew's	†161	15·2	2	12·3	28	*17·4	5	31·1
Broughton	286	17·5	2	†6·9	32	11·2	5	17·5
Calton	300	20·8	8	*26·0	36	12·0	7	23·3
West Leith	227	15·0	3	9·1	†11	4·8	3	13·2
Central Leith	396	*25·9	4	10·0	37	9·3	12	30·3
South Leith	317	18·1	4	12·5	28	8·8	4	12·6
Craigmillar	254	12·6	2	7·8	14	5·5	†2	7·9
Portobello	309	15·4	4	12·8	24	7·8	6	19·4
Craigmillar	564	21·2	7	12·3	56	9·9	*17	30·1

* Highest Ward Rate or actual number.

† Lowest Ward Rate or actual number.

TABLE 12.—LIVE BIRTHS, STILL BIRTHS AND INFANT DEATHS
NUMBERS AND RATES 1947-1966

Year	Live Births		Still Births		Perinatal Mortality		Infant Deaths												Total Infant Deaths	
	No.	Rate	No.	Rate	No.	Rate	Under 1 Week		1-2 Weeks		2-3 Weeks		3-4 Weeks		Total Under 4 Weeks		1-12 Months		No.	Rate
							No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate		
1947	9,865	20.3	268	26	435	44.1	167	16.9	21	2.1	24	2.4	13	1.3	225	22.8	255	25.8	480	49
1948	8,420	17.2	254	29	383	44.2	129	15.3	18	2.1	10	1.2	5	0.6	162	19.2	122	14.5	284	34
1949	8,154	16.8	203	24	331	39.6	128	15.7	13	1.6	5	0.6	8	1.0	154	18.9	109	13.4	263	32
1950	7,674	15.7	190	24	304	38.7	114	14.9	11	1.4	9	1.2	5	0.7	139	18.1	86	11.2	225	29
1951	7,353	15.7	204	27	305	40.4	101	13.7	14	1.9	7	1.0	1	0.1	123	16.7	73	9.9	196	27
1952	7,129	15.0	195	27	301	42.2	106	14.9	18	2.5	3	0.4	7	1.0	134	18.8	72	10.1	206	29
1953	7,241	15.4	163	22	256	35.4	93	12.8	8	1.1	8	1.1	4	0.6	113	15.6	64	8.8	177	24
1954	7,256	15.5	158	21	280	38.6	122	16.8	7	1.0	5	0.7	1	0.1	135	18.6	50	6.9	185	25
1955	7,128	15.2	177	24	284	39.8	107	15.0	13	1.8	3	0.4	3	0.4	126	17.7	53	7.4	179	25
1956	7,467	16.0	176	23	286	37.4	110	14.7	14	1.9	4	0.5	3	0.4	131	17.5	48	6.4	179	24
1957	7,854	16.9	153	19	265	33.7	112	14.3	13	1.7	8	1.0	4	0.5	137	17.4	54	6.9	191	24
1958	7,864	16.8	155	19	268	34.1	113	14.4	8	1.0	5	0.6	5	0.6	131	16.7	62	7.9	193	25
1959	8,150	17.4	161	19	255	31.3	133	16.3	5	0.6	3	0.4	2	0.2	143	17.5	56	6.9	199	24
1960	8,443	17.9	166	19	282	33.4	116	13.8	10	1.2	7	0.8	5	0.6	138	16.3	40	4.7	178	21
1961	8,373	17.7	159	19	288	33.8	129	15.4	7	0.8	4	0.5	2	0.2	142	17.0	48	5.7	190	23
1962	8,753	18.4	140	16	267	30.0	127	14.5	8	0.9	8	0.9	3	0.3	146	16.7	65	7.4	211	24
1963	8,504	17.9	156	18	286	33.0	130	15.3	5	0.6	8	0.9	5	0.6	148	17.4	51	6.0	199	23
1964	8,774	18.5	143	16	262	29.3	119	13.4	9	1.0	3	0.3	4	0.6	135	15.4	46	5.2	181	21
1965	8,370	17.7	122	14	251	29.6	129	15.4	9	1.1	4	0.5	4	0.5	146	17.4	51	6.1	197	24
1966	7,819	16.7	105	13	208	26.2	103	13.2	8	1.0	7	0.9	1	0.1	119	15.2	55	7.0	174	22

TABLE 13.—INFANT AND NEO-NATAL MORTALITY RATES

Year	INFANT MORTALITY RATES					NEO-NATAL MORTALITY RATES				
	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen	Scot-land	Glas-gow	Edin-burgh	Dundee	Aber-deen
1957	29	34	24	24	24	26	21	17	18	17
1958	28	35	25	20	18	19	26	17	15	14
1959	28	35	24	23	23	19	24	18	16	14
1960	26	32	21	22	19	18	22	16	16	14
1961	26	31	23	24	22	18	21	17	16	15
1962	27	32	24	28	17	18	22	17	21	12
1963	26	32	23	20	19	17	19	17	13	11
1964	24	29	21	19	19	16	18	15	13	14
1965	23	28	24	18	19	16	18	17	13	15
1966	23	30	22	18	15	15	19	15	13	10

TABLE 14.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS
DURING 1966

	Under 1 day	Under 1 week	1 and under 2 weeks	2 and under 3 weeks	3 and under 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total under 12 months	12 months and under 2 years	2 years and under 3 years	3 and under 4 years	4 and under 5 years	Total 1-5 years	Total under 5 years
Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Other infectious and Parasitic Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Disease ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	3	3
Meningitis (other forms)	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	2	—	1	—	4	7	3	1	1	16	1	—	—	—	1	17
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal Obstruction and Hernia	2	—	—	—	—	2	1	—	—	—	3	—	—	—	—	—	3
Gastro-Enteritis ...	—	—	—	—	—	—	3	3	—	—	6	—	1	—	—	1	7
Other Digestive Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Heart ...	3	8	4	1	—	16	4	1	3	—	24	1	—	—	—	1	25
Congenital Malformations	12	7	3	2	1	25	3	1	2	1	32	1	—	—	—	1	33
Injury at Birth	4	2	1	—	—	7	—	1	—	—	8	—	—	—	—	—	8
Post-natal Asphyxia and Atelectasis	12	8	—	—	—	20	—	—	—	—	20	—	—	—	—	—	20
Other Infections of New Born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Early Infancy	10	3	—	2	—	15	1	—	—	—	16	—	—	—	—	—	16
Immaturity	17	10	—	1	—	28	—	—	—	—	28	—	—	—	—	—	28
Accidents:—																	
Suffocation	—	—	—	—	—	—	7	4	2	2	15	1	—	—	—	1	16
Overlaying	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1
Out-of-Doors	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3	3
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Other Violence	1	—	—	—	—	1	—	—	—	—	1	1	—	—	—	1	2
All Other Causes ...	1	—	—	—	—	1	—	1	1	1	4	1	—	2	1	4	8
Totals ...	63	40	8	7	1	119	26	15	9	5	174	10	1	4	5	20	194

TABLE 15.—CHILD WELFARE CLINICS

Number of Clinics provided by Local Health Authority at 31st December 1966 ... 29
 Number of Clinics provided by Voluntary Associations at 31st December 1966 ... Nil

Year of Birth	Number of New Cases	Number of Children Attending	Total Number of Attendances
1966	4,451	4,451	28,644
1965	1,087	4,355	25,629
1961-64	642	3,838	12,715
Others	57	137	488
Total	6,237	12,781	67,476

TABLE 16.—IMMUNISATION AND VACCINATION OF CHILDREN UNDER 5 YEARS AS AT 31ST DECEMBER 1966
 (COMPLETED PRIMARY DOSES)

Year of Birth	Number of Live Births	Smallpox		Diphtheria		Whooping Cough		Poliomyelitis	
		No.	%	No.	%	No.	%	No.	%
1962	8,753	6,269	71·6	6,966	79·6	6,840	78·1	5,946	67·9
1963	8,504	5,323	62·6	6,941	81·6	6,851	80·6	6,262	73·6
1964	8,774	5,363	61·1	6,974	79·5	6,953	79·2	6,099	69·5
1965	8,370	3,325	39·7	5,946	71·0	5,937	70·9	5,577	66·6
1966	7,819	356	4·6	2,622	33·5	2,599	33·2	1,465	18·7
Total 1962-1966	42,220	20,636	48·9	29,449	69·8	29,180	69·1	25,349	60·0

TABLE 17.—DAY NURSERIES

	Approved Places	Average Number on Roll	Possible Attendances	Actual Attendances	Percentage of Attendances
Craigmillar	70	70	17,800	14,723	83
Dean	30	34	8,661	6,543	76
Dumbiedykes	30	31	7,737	6,198	80
Gilmerton	70	74	18,669	15,932	85
Gilmore Place	40	41	10,444	8,943	86
Granton	60	63	15,997	12,552	78
Lochend	30	35	8,816	6,618	75
Niddrie	45	46	11,595	10,040	87
Pilrig	40	41	10,317	8,225	80
South Fort Street	60	60	15,283	12,604	82
Stenhouse	50	54	13,584	10,947	81
Victoria Park	65	67	17,056	14,104	83
West Pilton	50	51	12,954	10,755	83
*St Kentigern's	110	111	28,042	21,482	77
*Tollcross					
†Viewforth					
	750	778	196,955	159,666	81

* Closed 3/2/66 (Children transferred to Viewforth).

† Opened 7/2/66.

TABLE 18.—NURSERIES AND CHILD-MINDERS REGULATION ACT 1948

	Premises Registered at End of Year		Child Minders Registered at End of Year (3)
	Provided by Commercial Firms (1)	Other Nurseries (2)	
1. Number	NIL	22	55
2. Number of Places Approved (Cols. (1) and (2) apply, and Number of Children Minded (Col. (3) applies)	NIL	509	678

TABLE 19.—TODDLERS' PLAY CENTRES

Centre	Number on Roll	Daily Attendances	Centre	Number on Roll	Daily Attendances
Abbeyhill	41	35	Lochend	26	23
Broughton	41	35	Magdalene	44	34
Canongate	24	20	Muirhouse (1)	24	20
Clermiston	30	25	Muirhouse (2)	47	19
Colinton Mains	25	17	Oxgangs	38	33
Comiston	25	20	Pleasance	14	10
Craigentinny	20	16	Portobello	42	34
Duddingston	32	28	Portobello, St Mark's	40	33
Firrhill	25	21	Sighthill	20	16
Fountainbridge	30	25	Saughton Mains	27	22
Gifford Park	28	18	Stockbridge (1)	25	24
Granton E.	37	31	Stockbridge (2)	27	20
Granton W.	38	31	From September.		
Jamaica Street	25	18	West Pilton	28	25
Leith (1), Dr Bells School	27	22	West Pilton (P.M.)	27	16
Leith (2), Leith Fort	27	22	From August.		
Leith (3), Dalmeny Street	31	23	Willowbrae	40	31
From September.					

TABLE 20.—WELFARE FOODS DISTRIBUTION—UPTAKE

	National Dried Milk	Cod Liver Oil	A and D Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
General	61,180	13,455	8,689	145,542
To Day Nurseries, Hospitals, etc.	126	1,496	—	2,114
Total	61,306	14,951	8,689	147,656
Average Monthly Uptake	5,109	1,246	724	12,305

TABLE 21.—MOTHER AND BABY HOMES
PROVIDED BY VOLUNTARY ASSOCIATIONS

Name and Address of Home or Hostel	Number of Beds	Number of Cots	Number of Admissions
Edinburgh Home for Mothers and Infants, 17 Claremont Park, Leith	15	8	47
Haig-Ferguson Memorial Home, 4 Lauriston Park	9	5	60
Salvation Army Home for Mothers and Babies, "Tor", Corstorphine Road	21	12	65

Total number of women admitted during the year to these three homes
(ignoring re-admission after confinement) 172

TABLE 22.—HEALTH VISITING

	First Visits	Subsequent Visits	Total
Children Born 1966	7,845	35,822	43,667
" " 1965	679	36,167	36,846
" " 1961-1964	1,035	72,028	73,063
Expectant Mothers	2,713	1,751	4,464
Nursing Mothers	6,006	1,793	7,799
Total Effective Visits	18,278	147,561	165,839
		Waste Visits	27,558
			193,397

APPENDIX "A"

(1) "Vulnerable" Register 1966

Year of Birth			Number of Cases Registered	Cases carried forward	Total on Register	Removed from Register	Total remaining on Register
1966	...	...	2,510	—	2,510	154	2,356
1965	...	...	214	1,889	2,103	1,355	748
1964	...	...	60	502	562	272	290
1963	...	...	77	87	164	39	125
Total			2,861	2,478	5,339	1,820	3,519

(2) Analysis of Cases removed from "Vulnerable" Register in 1966

Year of Birth			Normal Development	Removed out of Area	Refused Visits	Died	Transferred to Handicapped Register	Total
1966	...	...	33	104	5	10	2	154
1965	...	...	1,180	149	2	4	20	1,355
1964	...	...	231	19	4	2	16	272
1963	...	...	31	1	5	1	1	39
Total			1,475	273	16	17	39	1,820

(3) Transferred to Handicapped Register

Year of Birth	Number of Cases	"At Risk" Factors	Nature of Handicap
1966	1	Family history osteogenesis imperfecta	Osteogenesis imperfecta
		Forceps delivery	
		Low birth weight	
	1	Limp at birth + neonatal convulsions	Cerebral palsy + mental defect
	—		
	Total 2		
	—		

Year of Birth	Number of Cases	"At Risk" Factors	Nature of Handicap
1965	1	Adverse obstetric history + neonatal jaundice	Complete biliary atresia
	1	" " " + precipitate labour low birth weight congenital abnormalities	Mental defect
	1	" " " + cerebral irritation	Myoclonic epilepsy + mental defect
	1	" " " + (mother) cardiac	Mental defect
	1	" " " + Rh. incompatibility C.S. prematurity	Deaf
	1	" " " + Rubella at 3/12 + C.S. + Prem.	Deaf
	3	Contact rubella during pregnancy. G.G. given	1. Epilepsy + mental defect 2. Cerebral palsy + epilepsy + optic atrophy + mental defect 3. Congenital heart disease
	1	Hypertension	Cerebral palsy + microcephaly + mental defect
	1	Rh. incompatibility + C.S. + Prem.	Cerebral palsy
	1	Threatened abortion + low birth weight + talipes	Mental defect + talipes
	1	Forceps delivery + congenital abnormality of limbs	Severe arthrogryphosis multiplex congenita
	1	Precipitate labour + slow development	Mental defect
	1	Prematurity	Hemiplegia + defective hearing + retarded development
	1	Neonatal cold injury + ? Mongolism	Mongol
	1	Bilateral C.D.H.	Mental defect + defective vision
	1	Cervical meningocele	Mental defect
	1	Encephalitis	Mental defect + epilepsy
	1	Slow development	Cerebral palsy + mental defect
	—	Total 20	—
1964	1	Family history of congenital abnormality + adverse obstetric history	Congenital heart disease
	1	Family history of deafness	Deaf
	1	Family history of mental defect + Prem. + asphyxia	Mental defect
	1	Family history of mental defect + social problem + cyanotic attacks	Mental defect + epilepsy
	1	Adverse obstetric history + prematurity	Mental defect
	1	Mother involved in motor accident during pregnancy	Mental defect + cerebral palsy + defective vision
	1	Rh. incompatibility	Mental defect + hemiplegia
	1	Ante-partum haemorrhage	Congenital heart disease
	1	" " + Caesarean section	Mental defect + cerebral palsy
	1	Breech—assisted	Cerebral birth injury—mental defect
	1	Breech + congenital abnormalities + cyanotic attacks	Mental defect + C.H.D.
	1	Breech + asphyxia + neonatal jaundice	Cerebral palsy + mental defect
	1	Prematurity	Cerebral palsy + mental defect
	1	" + Rt. hemiplegia	Rt. hemiplegia + mental defect
	2	Post-maturity	1. Mental defect 2. Mental defect + cerebral palsy
	—	Total 16	—

Year of Birth	Number of Cases	"At Risk" Factors	Nature of Handicap
1963	1	Family history of mental defect + neurological disorder Adverse obstetric history Hyperemesis Threatened abortion Maternal urinary infection Post-maturity	Mental defect + Diplegia
—	—		
Total	1		
—	—		

An analysis of the handicapped register revealed the following conditions. (In those instances in which the handicap is multiple, mental has been given precedence over physical handicap.)

(4) Physical Handicap

DIAGNOSIS	YEAR OF BIRTH					Total
	1962	1963	1964	1965	1966	
Achondroplasia	—	—	1	—	—	1
Albinism	1	—	—	—	—	1
Amyotonia congenita	—	2	—	1	—	3
Arthrogryphosis	—	—	—	1	—	1
Biliary atresia	—	—	—	1	—	1
Cerebral palsy	4	1	2	2	2	11
Cerebral tumour	1	—	—	—	—	1
Congenital limb deformity	7	3	7	1	1	19
Congenital heart disease	5	8	10	6	1	30
Defective hearing	5	5	2	2	1	15
Defective vision	2	4	4	—	—	10
Diabetes insipidus	—	1	—	—	—	1
Dwarfism	1	1	—	—	—	2
Fibrocystic disease	1	—	—	—	—	1
Haemophilia	1	1	—	—	—	2
Hemiplegia	—	1	—	1	—	2
Hydrocephalus	—	—	—	—	1	1
Hydronephrosis	—	—	1	—	—	1
Leukaemia	—	1	—	—	—	1
Muscular dystrophy	1	—	1	—	—	2
Neuroblastoma	1	—	—	—	—	1
Nephritis	1	—	—	—	—	1
Osteogenesis imperfecta	—	—	—	—	1	1
Perthe's disease	1	—	—	—	—	1
Scoliosis + Talipes	—	—	1	—	—	1
Spina bifida	1	1	2	1	2	7
Total	33	29	31	16	9	118

(5) Mental Handicap

NATURE OF HANDICAP	YEAR OF BIRTH					
	1962	1963	1964	1965	1966	Total
Mental Handicap	18	17	12	7	—	54
Mental Handicap plus						
Cerebral palsy	8	11	12	3	—	34
" " deaf	—	1	—	—	—	1
" " + " + blind ...	—	1	—	—	—	1
" " + defective vision	—	—	2	—	—	2
" " + hydrocephalus	—	2	—	—	—	2
" " + microcephaly ...	1	—	—	—	—	1
Congenital abnormalities ...	1	—	—	—	—	1
Congenital heart disease ...	2	1	2	—	—	5
Coeliac disease	—	—	1	—	—	1
Defective vision	—	1	1	—	—	2
" " + C.H.D.	—	1	—	—	—	1
Epilepsy	1	—	—	—	—	1
Hydrocephalus	3	—	—	1	—	4
Hypothyroidism	1	—	—	—	—	1
Phenylketonuria	—	—	1	—	—	1
Spina bifida	1	—	—	2	—	3
" " + hydrocephalus ...	—	1	5	6	—	12
Stange-Weber syndrome ...	1	—	—	—	—	1
Mongolism	4	5	6	6	3	24
" " + C.H.D.	2	1	1	2	—	6
Total	43	42	43	27	3	158

(6) Nursery Facilities for Pre-school Handicapped Children

Year of Birth + Handicap	DAY CARE					Total in Day Care	RESIDENTIAL CARE		Total in Residential Care
	Day Nursery	Nursery School	Play Centre	Murray-field D.C.	Willowbrae D.C.		Edinburgh	Outwith Edinburgh	
1962									
P.	3	9	1			13	2		2
M.	10	8		2	3	23		3	3
1963									
P.	3	3	1			7			
M.	4	1	1	3	2	11	6	8	14
1964									
P.	1		1			2			
M.	3		1	1		5	7	3	10
1965									
P.									
M.							1	1	2
1966									
P.									
M.									
Total ...	24	21	5	6	5	61	16	15	31

SCHOOL HEALTH SERVICE

The headings laid down in the Health and Welfare Services Circular No. 15/1966 have been chosen for comment in the introduction to this report.

Changes in methods of health supervision

(a) Selective medical examination of 9-year-old children

This technique has been extended following last year's successful trial. In the session now under review, all medical officers have participated. Those who had previous experience of the technique, carried it out in all the primary schools in their charge, and did not this time examine the unselected children. Medical officers new to the technique, used it in selected schools and in addition they examined the unselected children in order to gain experience.

In all 1,311 nine-year-old children were examined on a selected basis, the criteria for selection being the same as last session.

The findings were not recorded in the same detail as in last year's study, but it can be said that—

- (1) The percentage selected for examination varies considerably from one school to another according to the social class of the catchment area: being as high as 75 per cent. in some and under 40 per cent. in others. The average selection rate is below 50 per cent.
- (2) The defects found in unselected children were again mainly those of conditions which procedures other than full clinical examination would reveal, namely, the health visitor's inspection, vision testing and weighing, which continue routinely for all 9-year-old children.
- (3) Selection itself continues to be felt rather tedious by the medical officers, but those with experience felt it less so, and all agreed that as a fact finding exercise it was a significant advance on the traditional method.
- (4) Attendance of parents at 9-year-old examinations was found to be higher in the selected group than in the traditional group with no selection.

Selected group	...	...	80.24% parents present
Traditional group	...	...	69.62% parents present

This, along with the increased contact with teaching staff which the selective technique also brings, is undoubtedly one of its good points, bearing in mind too that these contacts relate to the children most in need of the service.

As recommended in last year's report, the parental questionnaire used in the 9-year-old selection, has been introduced for 5-year-old school entrants, with equal success. Its continued use will eventually allow the 9-year-old questionnaire to be considerably shortened.

(b) Health visitor organisation

For some time it has been felt that the all-purpose health visitor system was not advantageous to the school health service, one reason being the multiplicity of demands on the health visitor, which tend to crowd out the routine school duties. For example, 55,378 pupils were inspected by health visitors in 1957, the last year of specialist school health visitors, compared with 28,591 inspections in 1966 by all-purpose health visitors.

Other disadvantages are:—

- (1) Vision testing of 5-year-old and 7-year-old pupils has not achieved full coverage.
- (2) School catchment areas do not correspond with child welfare districts.

In view of this experience, a partial return to full-time specialist school health visitors is planned for next session, along with recruitment of Registered General Nurses to undertake routine duties in schools and so release the health visitor for her medical social work.

Health Education

This is carried out on an informal basis by school doctor and school health visitor or nurse taking advantage of their medical room contacts with both children and parents. School doctor and school health visitor or nurse contacts with teacher have also a health education content, and school health staff recognise this important advisory function to teaching staff, many of whom are active and interested in this important field.

A specialist health visitor has been made available to schools on a full-time basis for health education teaching, mainly in secondary schools, but also in one or two primary schools.

Mothercraft teaching can also be regarded as health education. This is given by health visitors to groups of girls in their 15th year in 12 secondary schools and 4 special schools for mentally handicapped pupils. Visits to corporation day nurseries are arranged where possible.

Child Guidance Service

A close and harmonious association is maintained between the educational psychologists of the child guidance service and the medical officers of the school health service. Full consultation with free interchange of information takes place during ascertainment of the handicapped child, or indeed whenever a child is failing in school and requires educational and medical assessment.

Changes in Medical Staff

In January, 1966, Dr I. F. Craik, Chief Executive School Medical Officer since 1962, was promoted to Depute Medical Officer of Health. The staff of the school health service congratulate him and wish him well in his new duties.

July 1966 marked the retiral of Dr Jessie Wilson, a valued member of the school health staff for over 30 years. All her colleagues wish her a very happy retirement.

Acknowledgements

In conclusion the opportunity is taken to thank all members of the school health service staff for their unremitting work and support throughout the year; to colleagues in all other sections of the Health and Social Services Department for their assistance and co-operation; to the Director of Education and all members of his staff for their help and encouragement, and to the hospital consultants for their service in the school clinics.

GENERAL STATISTICS

Population of the area	...	...	...	...	...	...	468,765
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Number of schools (under the Education Committee):—

(a) Nursery	...	...	...	...	...	...	14
Nursery Classes	...	...	...	...	...	...	14
(b) Primary	...	...	...	...	...	...	83
(c) Secondary	...	...	...	...	...	...	25
*(d) (i) Special Schools	...	...	...	...	...	...	15
(ii) Adjustment Groups	...	...	...	...	...	...	2
(e) In receipt of grant from Education Authority and under medical inspection (St Mary's Cathedral School)	...	...	...	...	...	...	1

154

* Includes the following not medically inspected by the Authority:

Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children, Gogarburn Institution for Mental Defectives.

Number of children on the registers:—

Nursery Schools	...	...	...	...	...	...	910
Nursery Classes	...	...	...	...	...	...	668
Primary Schools	...	...	...	...	...	...	42,949
Secondary Schools	...	...	...	...	...	...	20,496
Special Schools	...	...	...	...	...	...	930
							65,953

Average number of children in attendance	...	...	...	...	...	58,596
Average number of children in hospital classes	...	...	...	...	...	120
Number of children taught at home by visiting teachers	...	...	...	...	...	36
Number of children taught in hospital by visiting teachers	...	...	...	...	...	12

TOILET ACCOMMODATION IN SCHOOLS

School	Toilets		Outdoor		Hand-washing facilities in outdoor toilets		
	Indoor	Outdoor	Covered	Uncovered	Hot	Cold	None
Nursery	14	—	—	—	—	—	—
Primary	58	31 ⁽¹⁾	29 ⁽²⁾	2	1	8	22
Secondary	14	18 ⁽³⁾⁽⁴⁾	15	3 ⁽⁵⁾	1	2	15
Special	7	5	5	—	1	—	4
Total	93	54	49	5	3	10	41

Key to Table above

- (1) Of these 31 schools, 10 toilets are scheduled for modification or replacement during 1967-68.
- (2) Includes 3 schools with inside toilets for infants.
- (3) Includes 7 schools with partial indoor toilets.
- (4) Of these 18 schools, 4 are scheduled for replacement during the next four years.
- (5) Two of these are scheduled for covering this year.

In the above table, the most disquieting feature from the epidemiological aspect is the proportion of outside toilets still in use without the provision of adjacent handwashing facilities. These are available within the school buildings concerned, but this remote siting militates against training in post-toilet handwashing, and favours the spread of the excreta-borne infectious diseases when they occur.

The siting of wash-hand basins within classrooms offsets these disadvantages to some extent, and facilitates instruction and supervision, particularly in the infant departments.

HAND DRYING FACILITIES IN SCHOOLS

The details of progress in the provision of hand drying facilities, other than the communal roller towel, in schools are as follows:—

	Individual Hand Towels	Paper Towels	Controlled Roller Towels	TOTAL
1960-61	5	17	16	38
1961-62	5	52	18	75
1962-63	6	81	21	108
1963-64	5	105	20	130
1964-65	7	106	9	122
1965-66	7	119	9	135

MEALS

5,899,655 meals were supplied to schools and nurseries during the year ending 15th May, 1966, at a total cost of £701,210. The average cost per meal was 28·525d. (11·831d. for food and 16·694d. for administration). The income from payments received for meals was £233,198.

The average percentage of children taking school meals was 41·81 per cent., an increase of 2·5 per cent. on the previous school year.

Free Meals

Applications for free meals were received from 1,301 parents or guardians; of which 1,005 were granted. These figures show no significant change from last year.

The total number of children on the free food roll in July 1966 was 4,052 which represents 6·14 per cent. of the school population taking school meals.

Total Number of Meals Provided

	Schools	Nursery Schools		Day Nurseries	TOTAL
		Corporation	Other		
1959-60	4,031,868	225,677	12,697	11,627	4,281,869
1960-61	4,476,117	228,726	7,645	11,767	4,724,255
1961-62	4,810,626	233,462	8,955	12,106	5,065,149
1962-63	4,875,604	218,212	8,018	12,595	5,114,429
1963-64	5,068,178	215,858	8,600	12,221	5,304,857
1964-65	5,397,528	209,132	8,115	11,292	5,626,067
1965-66	5,674,518	204,794	9,110	11,233	5,899,655

MILK

The Government free milk scheme is in operation in all schools. On the average 59,570 bottles of milk were consumed daily, excepting holidays, by pupils. The average percentage of all children taking school milk was 94·51 per cent., the uptake in the secondary schools being slightly lower than the primary, at 84·7 per cent.

DUTIES OF MEDICAL AND NURSING STAFF

Inspection, Ascertainment of Handicap

Approximately ninety all-purpose duty health visitors are allocated to the nursery, primary, secondary and special schools. Seven full-time and seven part-time medical officers are responsible for routine, special and supervision inspections, immunisations and the ascertainment of every category of handicap except that of mental handicap. The latter responsibility rests with two medical officers suitably qualified to undertake the work.

Three nurses are engaged on cleanliness inspections. Their work is mainly connected with the schools where head infestation is particularly likely to be found.

Treatment

Specialist's consultative clinics, physiotherapy, ultra-violet ray and chiropody treatment, and the treatment of minor ailments by the nurse in charge, constitute the services provided at the treatment centres. Medical officers' consultative clinics have been discontinued, these consultations now take place in the pupil's school or home.

Treatment Centres:	Minor Ailments Treatment	Aurist	Ophthalmologists	Physiotherapist	Chiropodist	Scabies	Ultra-Violet Light
45 Lauriston Place		X	X				
5 Links Place		X	X		X		
South Gray's Close	X					X	
Sighthill Health Centre ...			X	X	X		X

Treatment of minor ailments is also given by nurses in schools for handicapped pupils.

IMMUNISATION AND VACCINATION

Diphtheria

Procedure for immunisation against diphtheria remains as before. Increasing use is being made of the combined diphtheria and tetanus (adsorbed) vaccine among 5-year-old school entrants, all primary courses are so carried out, and so increasingly are the reinforcing doses. Eventually it is expected that its use will become universal for both 5-year-old and 9-year-old pupils, and the T.A.F. vaccine will be discarded.

6,524 children received injections of T.A.F.
(of those 6,402 were reinforcing doses).

3,181 children received injections of Diphtheria and Tetanus
(of these 2,402 were reinforcing doses).

It is estimated that these figures represent 87·4 per cent. diphtheria protection rate among the 5-17 year old age group.

Poliomyelitis

4,349 children received oral vaccine, mainly young school entrants receiving their booster dose, but in some cases a primary course.

INFECTIOUS DISEASE

<i>Disease</i>	<i>Cases</i>	<i>Disease</i>	<i>Cases</i>
Scarlet Fever	77	Mumps	479
Measles	677	Hepatitis	50
German Measles	1,541	Dysentery	77
Glandular Fever	7	Scabies	120
Whooping Cough	143	Impetigo	98
Chickenpox	1,137	Other diseases	3,422
		(incl. Influenza)	
TOTAL	7,828		

Despite a widespread influenzal outbreak in the early months of 1966, an overall decrease in school absence due to infectious disease is recorded. At the peak of this outbreak, as many as 3,262 pupils were absent from Education Authority Schools.

Absentee figures for measles and chickenpox showed a marked decline, and those for hepatitis, dysentery and scabies, glandular fever and mumps also showed a decrease.

Hepatitis and Dysentery

During the year 50 cases of hepatitis came to the notice of the service as did 77 cases of dysentery. During any outbreak, the hand-rinsing routine with the use of "Roccal" was introduced, and an extra cleaner was appointed to undertake the cleaning with disinfectant of lavatory seats, flush handles, door handles, etc.

TUBERCULOSIS

Heaf testing of 13-year-old pupils continues to be undertaken by the School Health Service annually in Local Authority Schools, and in 22 independent day and boarding schools which make provision for pupils of that age group. The independent schools (Appendix I) are seen to have a slightly higher positive rate than the Local Authority Schools, but this is an unstable comparison which varies 1-2 per cent. from equality each year. The number of positive reactors in local authority schools has further dropped from 11 per cent. in 1964-65 to 9.1 per cent. in 1965-66.

Further breakdown of this figure into grades of positivity, reveals that of this 9.1 per cent. of positive reactors, as many as 74 per cent. are of Grade I intensity (Appendix I). Furthermore, a retrospective analysis of positivity grades in previous years, indicates that the incidence of Grade I reactors is increasing, in contrast to the overall drop in the positivity rate amongst 13 year olds. In 1962-63 for example, the Grade I reactors amounted to 49.5 per cent. of the total positives.

Reference was made in last year's report to this high and increasing proportion of weakly positive tuberculin reactors, and mention made to plans to try to determine its significance.

Repeat Heaf testing was carried out on a group of known Grade I natural positive reactors with the following results:—

Total retested—84 pupils born 1951.

Results—53 pupils (63%) were negative on retest and B.C.G. vaccination was given.

31 pupils (36.9%) were Heaf Grade I on retest and were Mantoux tested with 10 TU of Old Tuberculin.

19 pupils (73%) were Mantoux negative and given B.C.G. vaccination.

7 pupils were Mantoux positive.

Thus it will be seen that in this small survey of 84 Grade I natural positive reactors, only 7 satisfied these two further screening procedures as positive tuberculin reactors.

It is hoped to continue these studies since they, and similar ones raise the question whether Grade I Heaf reactors should in future receive B.C.G. vaccination. We are collaborating with our clinical colleagues at the Royal Victoria Dispensary who are conducting these studies.

B.C.G. Vaccination

4,234 vaccinations were carried out on 13-year-olds who had shown a negative reaction on Heaf testing.

X-ray Examination of Pupils

Radiographic examination of the chest was offered to all pupils who in their 14th year showed a positive skin reaction to tuberculin testing, and the results were as follows:—

						Born 1952
Number x-rayed ...	...	...	...	...	...	709
Number of notified cases of tuberculosis	...	...	...	...	...	1

The notified case received treatment through his family doctor and the chest physician, and it is of interest to record that his Heaf test was strongly positive (Grade III).

Children showing a positive tuberculin reaction are especially prone to develop tuberculosis, and accordingly re-examination in 1965-66 was offered to such pupils with the following result:—

	Born 1947	Born 1948	Born 1949	Born 1950	Born 1951
Number x-rayed ...	13	138	241	332	639
Number of notified cases of tuberculosis ...	—	—	—	1	—

Again the notified case received treatment through the family doctor and the chest physician. The Heaf test was Grade II positive in school in 1963.

The arrangements for x-ray follow-up of strongly tuberculin positive school leavers (Heaf Grade III and Grade IV) have now been in operation for two years with the following results:—

School leavers numbering 340 have been notified to the senior medical officer for infectious diseases, and by arrangement with chest physicians, have been called to the mass radiography unit. By July 1966, 141 attended. One active case of tuberculosis was found.

Though the attendance response is disappointing, it is encouraging that it is rising slowly with each group that is called, and in the last group it had risen from 32 per cent. to 42 per cent. response.

Periodic X-ray Examination of Teaching Staff

All teachers in the Corporation service are now subject to x-ray examination every third year. Among those x-rayed during 1965-66, one case of tuberculosis pulmonary disease was found, and was considered to be non-infectious.

Tuberculosis Contact Follow-up in Schools

Throughout the year 19 pupils and 2 members of staff in local authority schools, along with 2 pupils in a grant-aided boys' school were notified as suffering from pulmonary tuberculosis.

It was considered advisable, after consultation with the chest physicians, to arrange for tuberculin testing of selected pupil contacts of 6 of the notified pupil cases in an attempt to trace the source of the infection in the index case. Chest x-ray was advised for the staff contacts of one of the notified staff cases, and for the pupil contacts of one notified pupil case where B.C.G. vaccination had already been carried out in 1963.

Appropriate parental consent was obtained, and 195 pupil contacts were tuberculin tested of whom 29 were positive reactors and went forward for chest x-ray. No cases of active pulmonary disease were found.

It is perhaps interesting to observe that of the 19 notified cases among school children (which is an increase of 6 on last year) 18 were below the present routine age (13 years) for B.C.G. vaccination (14 of them were still in the primary school), and the remaining case was a known Heaf positive reactor over the age of 13 years, who for this reason had also not had B.C.G. vaccination.

MEDICAL EXAMINATIONS

Systematic (excluding Special Schools)

The age groups involved remained as before, and the traditional methods continued with the exception of the 9-year-old group where the selective technique has been extended.

Details are given in Tables II and III. It is perhaps worth noting that amongst the recorded defects, stammering, behaviour difficulty and asthma have increased considerably on last year, and have been showing a tendency to increase over the last five years. All three conditions can be regarded as stress phenomena.

The percentage of pupils showing no defect is 61·85 per cent., representing a decrease of 6·24 per cent. on last year's figure. The decrease however is most marked in the 9-year-old group, and as this group is now to some extent selectively examined, this would seem to be the explanation.

Other Medical Examinations

These amounted to 28,404, and are classified as follows:—

Medical officer selection and teacher/parent/H.V. referral	...	...	12,840
Vision screening (5 year olds)	...	...	5,176
Vision screening (7 year olds)	...	...	4,941
Employment of school children over 13 years	...	...	1,201
Prior to attendance at school camps or school journeys abroad	...	...	2,016
Vocational guidance to school leavers	...	...	1,977
Pre-apprentice course (building, engineering, catering, nursing)	...	...	217
Re-examination of home taught children	...	...	36
Total	...	...	28,404

REMAND HOME, GILMERTON

During the year 414 children and young people were examined on admission to the Remand Home and 223 for Approved School reports. In Appendix IV are given the details of medical examinations carried out in the Home.

CLASS INSPECTIONS

These continue to be carried out by health visitors for four main purposes—

1. General health appraisal.
2. General cleanliness appraisal.
3. Informal personal hygiene talks.
4. Follow-up of previous referrals to family doctor's and to specialist clinics.

It is noted that the number of children inspected has decreased by 13,372 from the 1964–65 figure.

The number of children inspected and found to have head infestation, on the basis of a treatment card being issued, during the past 7 years is shown in the following table.

	1959–60	1960–61	1961–62	1962–63	1963–64	1964–65	1965–66
Number inspected	67,772	52,932	53,882	49,492	38,957	41,963	28,591
Number of Head Cards issued	3,549	2,792	2,753	2,066	1,777	2,065	1,437
Percentage	5·2	5·3	5·1	4·2	4·6	4·9	5·0

During the year the health visitors made 954 home visits in connection with 1,434 children. Both these figures show a decrease on last year.

CLEANLINESS INSPECTIONS

Three nurses carried out cleanliness inspections in selected schools. In an endeavour to get more accurate and detailed information on the incidence of head infestation among school children, a new method of recording has been introduced, and the findings are shown in the following table.

	Total Number of Pupils inspected	Total Number of Pupils found to have Vermin	Total Number of Pupils found to have nits	Total Number of Cards issued
Health Visitors	28,591	679 (2.3 %)	2,917 (10.1 %)	1,437 (5 %)
Nurse Inspectresses ...	46,923	1,555 (3.3 %)	6,537 (13.9 %)	4,203 (8.9 %)

It will be noted that the issue of a "treatment required" card is not the only way in which a head infestation is dealt with, others are by a home visit, or by advice to the child in school. Where cleansing has to be carried out by the health visitor or nurse inspectress, every effort is made to have the parent present for instruction and encouragement.

MEDICAL TREATMENT

This continues to be provided:—

- (a) Directly by school health service in school clinics.
- (b) By Regional Hospital Board consultants in school clinics.
- (c) By Regional Hospital Board in hospitals and out-patient clinics.
- (d) By family doctors.

Some details are shown in Table V.

Attendances in most types of provision show a fall on last year. The main exception is in the T.B. contact attendance at the Royal Victoria dispensary.

Referrals to the school aurist clinics have been declining for some years, but a reappraisal of the arrangements has been deferred pending publication of their report by the Working Party on the deaf.

HANDICAPPED CHILDREN

Special Educational Treatment

1. Residential Schools

Details for the year under review are shown on Table VI. With one exception the places available are meeting the needs satisfactorily. The exception is the maladjusted child of average or below average intelligence, for whom residential school provision is sadly lacking.

2. Day Schools

(a) *Physically Handicapped*.—The children on the rolls of these two schools numbered 95 at the end of the school year. Details of the disabilities from which they suffered are given in Appendix III, Table A.

For those children with handicaps so severe that they cannot attend special day schools, a service of 6 visiting teachers is provided, 5 of whom are employed full-time and 1 part-time.

Dr Jessie Wilson periodically reviewed the children on the visiting teachers' roll, and during the year 48 pupils received such education. Details of the disabilities from which they suffered are given in Appendix III, Table B.

Sixteen children with cerebral palsy were educated at Westerlea School for Spastics as day pupils.

Welfare for physically handicapped children during and after school life is provided through the agency of the Edinburgh Cripple Aid Society, cases being first submitted by the school medical officer, discussed with the Youth Employment Officer, and then referred to the Society with the consent of the parents.

(b) *Epileptics*.—Nine of these children received special educational treatment in day schools for the physically handicapped. Welfare during and after school life is provided by the Scottish Epilepsy Association, to which children are referred with the consent of the parents, after discussion with the Youth Employment Officer.

(c) *Partially-Sighted Children* to the number of 39 attended Hailes Special School—11 with refractive errors, and 28 with other conditions. This included 18 from outwith areas. An ophthalmologist from the Regional Hospital Board reviewed all the pupils during the year.

(d) *Deaf Children* to the number of 37 attended Donaldson's School for the Deaf as day pupils.

(e) *Partially-Deaf Children* to the number of 88 attended St Giles' Special School for hard-of-hearing children. This includes 37 children from outwith areas. Two Consulting Audiologists from the Regional Hospital Board visited the school during the year and reviewed all the pupils.

(f) *Children Handicapped by Defects of Speech*—Speech therapy is given in small special classes by individual and group methods by therapists employed whole time by the Education Authority. During the year the number of children receiving treatment was 871, of whom 106 were stammerers, and 765 had defective articulation; 244 were discharged, 95 discontinued treatment or left school before treatment was completed, and 532 remained on the roll to continue treatment. Included in the number receiving therapy, were 11 in schools for the physically handicapped, 46 in schools for the mentally handicapped.

(g) *Mentally Handicapped Children*.—During the year 92 children were ascertained as mentally handicapped, 76 were admitted to special schools and 19 to the Junior occupation centre. There are five special day schools and one Junior occupation centre, with a total roll of 508. After-care on leaving school is provided by the mental health section of the Health and

Social Services Department and the Edinburgh Association for Mental Welfare.

Nineteen children found to be unable to benefit from special school or Junior occupation centre were notified to the mental health service for supervision and care.

(h) *Maladjusted Children*.—Thirty-one children of primary school age attend Restalrig School.

HANDICAPPED CHILDREN AGED 2-5 YEARS

During the year, school medical officers paid 101 home visits to assess their future educational needs and to advise their parents accordingly. Details of the children and their handicaps, along with the parent's consent to a visit from the school medical officer, continue to be sent to the school health service by Dr M. S. B. Langton, the senior medical officer in charge of the register of handicapped children maintained by the child welfare service.

Arising out of these home visits, 19 children were given priority admission on medical grounds to pre-school groups, usually nursery schools, and several more were unsuccessful in obtaining places.

Twenty-seven children were considered likely to require special educational treatment for mental handicap and were referred to the Educational Psychologist for assessment. A further 6 were recommended for special educational treatment (including home tuition), for physical handicaps including vision and hearing defect.

Children less severely handicapped were recommended for enrolment in ordinary school where their special difficulties and needs were made known to the school medical officer, health visitor and head teacher concerned, and to the Educational Psychologist where appropriate.

Hospital reports, as well as child welfare reports, on these young handicapped children are becoming increasingly available to the school health service and proving to be of great value in the early identification of the child likely to have difficulty, or be unable to benefit from education in the ordinary school.

MORTALITY AMONG SCHOOL CHILDREN

Table VII shows the changes in mortality figures and their causes over the years 1947-66. Accidents and malignant disease keep their place at the top of the list of causes of death in school children.

In the year under review, 20 school children died, one of the lowest figures for the City. Accident (or violence) and malignant disease accounted for 12 of these deaths.

TABLE I

Total number of children examined at:						Systematic Examinations
Nursery ...	...	...	...	...	...	856
5 year olds	...	...	...	...	...	6,098
9 year olds	...	...	...	...	...	5,047
13 year olds	...	...	...	...	...	4,304
16 year olds	...	...	...	...	...	892
						17,197

TREATMENT ADVISED

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanness and dental caries):—

Nursery ...	...	...	...	...	31
5 year olds	...	...	...	...	591
9 year olds	...	...	...	...	783
13 year olds	...	...	...	...	671
16 year olds	...	...	...	...	131
					2,207

TABLE II
Systematic Examinations of Children attending Ordinary Schools
 Numbers and Percentages of Children found to be suffering from Defects at Routine Inspection

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Total Number examined in each age group	431	425	2,979	3,119	2,583	2,464	2,044	2,260	417	475	17,197
PARENTS PRESENT	775 90.54%	...	5,879 96.40%	...	3,785 75%	...	640 14.86%	...	81 9.08%	...	...
<i>Nature of Defect:</i>											
1. Unsatisfactory Clothing and Footgear	...	...	...	...	30 1.16%	10 0.41%	6 0.29%	5 0.22%	...	...	51 0.30%
2. Uncleanliness:											
(a) Head—											
(1) Nits	3 0.70%	...	5 0.17%	17 0.55%	11 0.43%	38 1.54%	19 0.93%	56 2.48%	...	...	149 0.87%
(2) Vermineous	...	3 0.71%	4 0.13%	10 0.32%	7 0.27%	17 0.69%	2 0.10%	4 0.18%	...	...	47 0.27%
(b) Body—Vermineous	1 0.23%	...	7 0.23%	...	10 0.39%	4 0.16%	6 0.29%	4 0.18%	1 0.24%	...	33 0.19%
3. Skin Diseases:											
Scabies	1 0.23%	...	2 0.07%	11 0.35%	...	2 0.08%	3 0.15%	3 0.13%	...	...	22 0.13%
Other	27 6.26%	15 3.53%	150 5.04%	118 3.78%	132 5.11%	158 6.41%	153 7.49%	173 7.65%	33 7.91%	27 5.68%	986 5.73%
4. Defective Nutrition	9 2.09%	6 1.41%	58 1.95%	101 3.24%	97 3.76%	83 3.37%	34 1.66%	32 1.42%	...	2 0.42%	422 2.46%
5. Defective Oral/Dental Hygiene	12 2.78%	9 2.12%	120 4.03%	115 3.69%	110 4.26%	133 5.40%	67 3.28%	50 2.31%	9 2.16%	9 1.89%	634 3.69%

TABLE II — continued

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
6. Naso-Pharyngeal Conditions:											
(a) Tonsils and Adenoids—Observation	72	58	491	498	230	258	50	61	2	5	1,725
(b) " " — Referred for Treatment	11	6	70	77	18	18	2	6	1	2	10-03 %
	2-55 %	1-41 %	2-35 %	2-47 %	0-70 %	0-73 %	0-10 %	0-27 %	0-24 %	0-42 %	211
7. Ophthalmic Conditions:											1-23 %
External—											
(a) Blepharitis	4	3	18	10	19	31	17	12	1	2	117
(b) Strabismus	11	16	108	98	53	38	11	11	1	4	0-68 %
(c) Other Conditions	—	—	7	13	12	14	7	6	—	—	351
	—	—	0-23 %	0-42 %	0-46 %	0-57 %	0-34 %	0-27 %	—	—	2-04 %
*Visual Acuity—											63
(1) Good Vision (6/6 in better eye)	—	—	—	—	91	96	101	144	49	70	0-37 %
(2) Fair Vision (6/9 or 6/12 in better eye)	—	—	—	—	3-52 %	3-90 %	4-94 %	6-37 %	11-75 %	14-74 %	551
(3) Bad Vision (6/18 or worse in better eye)	—	—	—	—	46	59	39	87	11	33	3-20 %
Recommended for Refraction	—	—	—	—	1-78 %	2-39 %	1-91 %	3-85 %	2-64 %	6-95 %	275
	—	—	—	—	20	23	13	27	11	8	1-60 %
	—	—	—	—	0-77 %	0-93 %	0-64 %	1-19 %	2-64 %	1-68 %	102
	—	—	—	—	10	12	42	32	2	3	0-59 %
	—	—	1-18 %	0-34 %	0-39 %	0-49 %	2-05 %	1-41 %	0-48 %	0-63 %	128
8. Ear Conditions:											0-74 %
(a) Otorrhoea	1	2	21	24	22	12	10	10	1	1	104
(b) Other Diseases	0-23 %	0-47 %	0-70 %	0-77 %	0-85 %	0-49 %	0-49 %	0-44 %	0-24 %	0-21 %	0-60 %
(c) Deafness	4	3	62	71	43	58	19	33	1	2	296
	0-93 %	0-71 %	2-08 %	2-28 %	1-66 %	2-35 %	0-93 %	1-46 %	0-24 %	0-42 %	1-72 %

	0.93%	0.1%	2.08%	2.28%	1.66%	2.35%	0.93%	1.46%	0.24%	0.13%	0.21%	1.70%
(b) Stammering ...	3.94%	3.06%	0.84%	3.33%	1.59%	0.73%	0.34%	0.13%	—	—	—	1.33%
(a) Epilepsy ...	1	3	8	3	14	3	7	3	—	—	—	42
(b) Mental Retardation/Handicap	0.23%	0.71%	0.27%	0.10%	0.54%	0.12%	0.34%	0.13%	—	—	—	0.24%
(c) Nervous Instability ...	1	3	5	8	11	10	5	3	—	—	—	46
(d) Behaviour Difficulty ...	0.23%	0.71%	0.17%	0.26%	0.43%	0.41%	0.24%	0.13%	—	—	—	0.27%
	8	3	14	17	36	12	12	7	—	—	—	109
	1.86%	0.71%	0.47%	0.55%	1.39%	0.49%	0.59%	0.31%	—	—	—	0.63%
	3	6	13	8	32	31	8	7	1	2	0.42%	111
	0.70%	1.41%	0.44%	0.26%	1.24%	1.26%	0.39%	0.31%	0.24%	0.42%	—	0.65%
	9	8	45	34	52	29	7	6	—	—	—	190
	2.09%	1.88%	1.51%	1.09%	2.01%	1.18%	0.34%	0.27%	—	—	—	1.10%
11. Heart Conditions:												
(a) Organic—												
(1) Congenital ...	1	3	10	15	2	10	4	7	—	1	—	53
(2) Acquired	0.23%	0.71%	0.34%	0.48%	0.08%	0.41%	0.20%	0.31%	—	0.21%	—	0.31%
	—	—	1	—	3	3	2	—	—	1	—	10
	—	—	0.03%	—	0.12%	0.12%	0.10%	—	—	0.21%	—	0.06%
(b) Functional ...	4	3	32	26	9	12	5	12	1	1	1	106
	0.93%	0.71%	1.07%	0.83%	0.35%	0.49%	0.24%	0.53%	0.24%	0.42%	—	0.62%
12. Lung Conditions:												
(a) Asthma ...	3	1	49	27	63	31	33	15	5	3	3	230
(b) Chronic Bronchitis ...	0.70%	0.24%	1.64%	0.87%	2.44%	1.26%	1.61%	0.66%	1.20%	0.63%	—	1.34%
(c) Suspected Tuberculosis	—	—	11	3	3	2	—	2	—	—	—	21
	—	—	0.37%	0.10%	0.12%	0.08%	—	0.09%	—	—	—	0.21%
(d) Other Diseases	—	—	1	2	1	—	—	1	—	—	—	5
	—	—	0.03%	0.06%	0.04%	—	—	0.04%	—	—	—	0.03%
	7	2	36	25	19	17	13	8	1	—	—	128
	1.62%	0.47%	1.21%	0.80%	0.74%	0.69%	0.64%	0.35%	0.24%	—	—	0.74%
13. Deformities:												
(a) Birth Injury ...	2	—	11	5	4	2	5	1	1	—	—	31
(b) Congenital ...	0.46%	—	0.37%	0.16%	0.15%	0.08%	0.24%	0.04%	0.24%	—	—	0.18%
	15	7	77	67	53	19	22	22	—	3	3	285
	3.48%	1.65%	2.58%	2.15%	2.05%	0.77%	1.08%	0.97%	—	—	—	1.66%

TABLE II — continued

	Nursery		Infants		9-year-olds		13-year-olds		16-year-olds		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
(c) Acquired	17 3.94%	18 4.24%	167 5.61%	113 3.62%	95 3.68%	86 3.49%	63 3.08%	85 3.76%	12 2.88%	17 3.58%	673 3.91%
14. Other Diseases or Defects	76 17.63%	41 9.65%	497 16.68%	465 14.91%	428 16.57%	349 14.16%	160 7.83%	178 7.88%	15 3.60%	22 4.63%	2,231 12.97%
Number of Children notified to Parents as requiring Treatment, excluding Uncleanliness and Dental Caries	3 0.70%	7 1.65%	174 5.84%	194 6.22%	180 6.97%	136 5.52%	242 11.84%	264... 11.68%	44 10.55%	59 12.42%	1,303 7.58%
Number of Defects found to require Treatment, including Uncleanliness and Dental Caries	12 2.78%	19 4.47%	279 9.37%	312 10.00%	393 15.21%	390 15.83%	337 16.49%	334 14.78%	56 13.43%	75 15.79%	2,207 12.83%

* For 5 years Visual Acuity see Appendix II.

TABLE III
Summary of Systematic Medical Examination

GROUP CLASSIFICATION	Nursery			5-year-olds			9-year-olds			13-year-olds			16-year-olds			TOTAL		
	No. Exam.	Per Cent.		No. Exam.	Per Cent.		No. Exam.	Per Cent.		No. Exam.	Per Cent.		No. Exam.	Per Cent.		No. Exam.	Per Cent.	
I. No Defect	484	56.54		3,566	58.48		2,852	56.51		3,048	70.82		687	77.02		10,637	61.85	
II. (a) 6/12+ (better eye) with or without glasses ...	1	0.12		23	0.38		175	3.47		170	3.95		45	5.04		414	2.41	
(b) Mouth or teeth likely to cause ill-health ...	5	0.59		31	0.51		49	0.97		45	1.05		3	0.34		133	0.77	
(c) Both (a) and (b)	—	—		3	0.05		6	0.12		7	0.16		1	0.11		17	0.10	
TOTAL	6	0.71		57	0.94		230	4.56		222	5.16		49	5.49		564	3.28	
III. Temporary illness only	227	26.52		1,616	26.50		1,291	25.58		668	15.52		70	7.85		3,872	22.52	
IV. (a) Cure expected by treatment	115	13.43		681	11.17		527	10.44		283	6.58		70	7.85		1,676	9.75	
(b) Improvement only by treatment	24	2.80		178	2.92		147	2.91		83	1.93		16	1.79		448	2.61	
TOTAL	139	16.23		859	14.09		674	13.35		366	8.51		86	9.64		2,124	12.36	
Total number of children examined	856	100.00		6,098	100.00		5,047	100.00		4,304	100.00		892	100.00		17,197	100.00	

TABLE IV

Return of All Exceptional Children of School Age in the Area

Disability	At Ordinary Schools	At Special Schools	At Hospitals or other Institutions	Not at School or Institution	TOTAL
1. Blind	—	13	—	—	13
2. Partially-sighted:					
(a) Refractive Errors	—	11	—	—	11
(b) Other Conditions	—	28	—	—	28
3. Deaf:					
Grade I	2,954	—	—	—	2,954
Grade II	279	—	—	—	279
Grade IIA	1,186	—	—	—	1,186
Grade IIB	—	51	—	—	51
Grade III	—	54	—	—	54
4. Defective Speech:					
(a) Articulation	711	54	—	—	765
(b) Stammering	103	3	—	—	106
5. Mentally Handicapped:					
(a) I.Q. Approx. 70-50					
(i) Education Act	—	392	—	—	392
(ii) M.H. Act	—	11	10	—	21
(b) I.Q. Under 50					
(i) Education Act	—	116	—	9	125
(ii) M.H. Act	—	31	62	19	112
6. Epilepsy:					
(a) Mild	—	9	—	—	9
(b) Severe	—	1	—	—	1
7. Physically Handicapped:					
(a) Non-Pulmonary T.B.	—	—	—	—	—
(b) General Orthopaedic	—	69	—	—	69
(c) Organic Heart Disease	—	8	—	—	8
(d) Other causes	—	84	—	—	84
8. Maladjusted	—	87	—	—	87
9. Multiple Defects		(Not Recorded)			

TABLE V

MEDICAL TREATMENT

(1) PROVIDED DIRECTLY BY SCHOOL HEALTH SERVICE:

						New Cases	Attendances
Minor Ailments—							
(1)	Cuts, bruises, sprains, minor injuries, etc.	...	...	...	...	14	16
(2)	Diseases of the skin—						
	Scabies	...	...	...	...	261	481
	Impetigo	...	...	...	...	10	12
	Other Diseases	...	...	...	...	193	84
						<u>478</u>	<u>593</u>
Sunray Treatment—							
	Sighthill Health Centre—						
	School Children	...	...	...	...	1	21
Orthopaedic Clinic (Physiotherapist)—							
	Sighthill Health Centre—						
	School Children	...	...	...	...	17	278
Chiropodist—							
New Cases							
Found to need treatment among 1,829 children inspected by the chiropodist in schools							149
Referred by medical officers, health visitors, etc.							333
Treatments Given							
Leith Clinic		Sighthill Clinic		Occupation Centres		TOTAL	
2,562		1,046		49		3,657	

Scabies—

Cases and Attendances at Scabies Clinics

Year					Age 0-5 Years	Age 5-15 Years	Age 15 Years +	All Ages	Total Attendances
1956	...	...	...	...	17	94	43	154	568
1957	...	...	...	...	15	113	42	170	726
1958	...	...	...	...	29	126	63	218	798
1959	...	...	...	...	52	142	62	256	939
1960	...	...	...	...	46	121	62	229	854
1961	...	...	...	...	38	125	71	234	772
1962	...	...	...	...	61	157	72	290	865
1963	...	...	...	...	50	193	118	361	1,102
1964	...	...	...	...	63	178	82	323	906
1965	...	...	...	...	53	149	61	263	824
1966	...	...	...	...	37	144	83	264	744

(2) GIVEN IN SCHOOL CLINICS BY REGIONAL HOSPITAL BOARD SPECIALISTS:

	New Cases	Attendances
Ear, Nose and Throat	155	414
Recommended for operative treatment		126
Ophthalmologists	664	2,128
Squint	103	218
Glasses prescribed		1,144
Glasses supplied by dispensing optician		857

(3) CARRIED OUT IN HOSPITAL:

In-patient Treatment—	Boys	Girls	TOTAL
In-patients discharged from children's departments of general hospitals—			
Medical	171	147	318
Surgical	269	128	397
T. & A. Operation	88	107	195
Skin Conditions	5	3	8
Orthopaedic Conditions (excl. Princess Margaret Rose Hospital)	54	31	85
No Diagnosis	50	49	99
In-patients discharged from the City Hospital—			
Infectious diseases	87	58	145
Total number discharged from hospitals	724	523	1,247

Out-patient Treatment—

Edinburgh Foot Clinic	84
Hearing Aid Clinic, Cambridge Street—New cases issued with aids ...	24
Orthoptic Clinic, Cambridge Street	28
Royal Victoria Dispensary—Contacts	151
Royal Victoria Dispensary—Contacts vaccinated with B.C.G.	151
Notified cases of Tuberculosis (Pupils and Staff)	21

TABLE VI

HANDICAPPED CHILDREN

SPECIAL EDUCATIONAL TREATMENT

Number of children maintained in Residential Schools and Institutions:

Blind	13
Deaf	17
Epileptic	1
Physically Handicapped	31
Mentally Handicapped	114
Maladjusted	42
Children's Homes from which children attend local Primary and Secondary Schools	2
Multiple Handicap	6
TOTAL	226

TABLE VII

Number of Deaths from Various Causes in Edinburgh School Children (5-14 Years) 1947-66

Year	Tubercular T.B.	Other T.B.	Cerebro Spinal Fever	Poliomylitis	Measles	Diphtheria	Whooping Cough	Nervous Diseases	Heart Diseases	Pneumonia and other Respiratory Diseases	Digestive Diseases	Urinary Diseases	Rheumatic Fever	Malignant Disease	Accidents and other Violence	Other Causes	Total Deaths 5-14 years	Death Rate per 10,000 Population
1947	7	11	2	—	—	—	—	2	2	3	4	2	1	1	11	7	53	9.3
1948	7	12	—	—	—	—	—	3	2	1	5	3	3	2	12	10	58	9.9
1949	9	—	—	—	—	—	—	5	2	2	4	1	3	3	11	5	42	7.0
1950	2	3	—	2	—	—	—	3	2	5	1	—	6	3	8	11	46	7.7
1951	1	4	—	—	—	—	—	3	1	2	—	1	1	4	18	1	36	6.0
1952	2	—	—	—	—	—	—	3	1	2	—	2	2	8	5	8	33	5.5
1953	—	1	—	—	—	1	1	2	1	6	2	—	2	8	8	4	34	5.5
1954	1	—	—	—	—	—	1	3	1	5	3	1	—	6	9	4	34	5.5
1955	—	—	2	—	—	—	1	5	—	4	2	1	—	3	11	2	30	4.8
1956	—	—	—	—	—	—	—	3	—	2	1	1	2	6	9	5	22	3.5
1957	—	—	—	—	—	—	1	3	—	2	1	1	1	10	9	4	31	4.9
1958	—	—	—	—	—	—	—	1	2	1	2	—	1	2	7	2	17	2.7
1959	—	—	—	—	—	—	—	3	—	2	—	—	1	4	7	1	18	2.8
1960	—	—	—	—	—	—	—	1	2	2	3	3	—	8	8	9	36	5.5
1961	—	—	—	—	1	—	—	—	1	1	1	1	—	4	10	3	21	3.2
1962	—	—	—	—	—	—	—	4	1	—	—	—	—	2	12	6	25	3.8
1963	—	—	—	—	—	—	—	1	—	1	2	2	—	6	6	2	20	3.1
1964	—	—	—	—	—	—	—	6	—	1	2	—	—	6	7	5	27	4.2
1965	—	—	—	—	—	—	—	5	—	2	—	—	—	9	10	7	34	5.2
1966	—	—	—	—	1	—	—	2	1	3	—	—	—	4	8	1	20	2.9

TABLE VIII
Average Heights and Weights

	1945-46				1955-56				1965-66			
	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age Yrs. Mths.	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age Yrs. Mths.	Number Examined	Average Height (inches)	Average Weight (lbs.)	Average Age Yrs. Mths.
Nursery—												
Boys	18	36-85	33-96	not available	365	38-61	36-63	3 9	406	39-44	37-82	4 —
Girls	11	37-95	34-86		337	38-16	35-43	3 9	324	39-00	36-46	4 —
Infants—												
Boys	2,613	42-22	41-74	not available	3,038	42-78	42-72	5 3	2,886	43-10	43-20	5 4
Girls	2,591	41-61	40-62		2,917	42-43	41-38	5 3	2,867	42-71	42-02	5 4
9-year-olds—												
Boys	2,426	51-24	62-75	not available	3,347	51-97	65-09	9 5	2,325	52-54	66-20	9 7
Girls	2,654	50-92	60-99		3,247	51-60	63-80	9 5	2,134	52-24	65-72	9 6
13-year-olds—												
Boys	1,869	58-94	91-62	not available	2,235	60-15	96-44	13 6	2,335	60-62	99-51	13 6
Girls	1,957	59-64	96-39		2,601	60-29	100-48	13 6	2,344	60-91	104-87	13 6
16-year-olds—												
Boys	22	65-69	126-18	not available	239	68-02	137-22	16 9	322	67-80	134-84	16 6
Girls	43	63-89	124-97		355	63-74	124-43	16 9	299	63-37	123-89	16 4

Tuberculin Testing and B.C.G. Vaccination of School Children born in 1952

	Boys			Girls			TOTAL		
	Local Authority	Private	Total	Local Authority	Private	Total	Boys and Girls	Boys and Girls	Grand Total
Number offered Tuberculin Testing	2,455	601	3,056	2,588	483	3,071	5,043	1,084	6,127
Number Accepted	2,291 93.3%	562 93.5%	2,853 93.4%	2,439 94.2%	448 92.8%	2,887 94.0%	4,730 93.8%	1,010 93.2%	5,740 93.7%
Number not tested (Cases, Contacts, Absentees, etc.)	117	23	140	142	16	158	259	39	298
Number Tuberculin Tested	2,174	539	2,713	2,297	432	2,729	4,471	971	5,442
Number of Tests Read	2,090	524	2,614	2,188	424	2,612	4,278	948	5,226
Number of Natural Positive Reactors	200 9.6%	59 11.3%	259 9.9%	188 8.6%	44 10.4%	232 8.9%	388 9.1%	103 10.9%	491 9.4%
Heaf Positive Grade I	151 75.5%	34 57.6%	185 71.4%	136 72.3%	32 72.7%	168 72.5%	287 74.0%	66 64.1%	353 71.9%
Heaf Positive Grade II	27 13.5%	18 30.5%	45 17.4%	19 10.1%	5 11.4%	24 10.3%	46 11.9%	23 22.3%	69 14.1%
Heaf Positive Grade III	20 10.0%	7 11.9%	27 10.4%	25 13.3%	6 13.6%	31 13.4%	45 11.6%	13 12.6%	58 11.8%
Heaf Positive Grade IV	2 1.0%	—	2 0.8%	8 4.3%	1 2.3%	9 3.9%	10 2.6%	1 1.0%	11 2.2%
Number of Post Vaccinal Positive Reactors	191 9.1%	39 7.4%	230 8.8%	219 10.0%	24 5.7%	243 9.3%	410 9.6%	63 6.6%	473 9.1%
Number of Negative Reactors	1,699 81.3%	426 81.3%	2,125 81.3%	1,781 81.4%	356 84.0%	2,137 81.8%	3,480 81.3%	782 82.5%	4,262 81.6%
Number Vaccinated	1,688	426	2,114	1,768	352	2,120	3,456	778	4,234
Post Vaccinal Inspection	1,602	412	2,014	1,674	344	2,018	3,276	756	4,032

APPENDIX II

Vision Testing

AGE	Total Number Examined		GOOD VISION (6/6 in better eye, with or without glasses)		FAIR VISION (6/9 or 6/12 in better eye, with or without glasses)				BAD VISION (6/18 or worse in better eye, with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%								
5-year-olds												
	Boys	...	2,688	100 %	93.7 %	45	1.7 %	112	4.2 %	7	0.2 %	5
	Girls	...	2,488	100 %	93.3 %	32	1.3 %	119	4.8 %	5	0.2 %	10
7-year-olds												
	Boys	...	2,436	100 %	89.0 %	81	3.3 %	158	6.5 %	13	0.6 %	15
	Girls	...	2,505	100 %	87.5 %	87	3.5 %	180	7.2 %	12	0.5 %	33

APPENDIX III

TABLE A

Children in Schools for the Physically Handicapped

Disability	No.	Disability	No.
Congenital Defects:		Heart Condition:	
(a) Skeletal—		Congenital	7
Hydrocephalus	7	Lung Conditions:	
Spina bifida	7	Asthma	3
Other	9	Bronchitis	3
(b) Miscellaneous	2	Nervous System—Disorders of:	
Debility	1	Cerebral Palsy	21
General Orthopaedic	1	Muscular Dystrophy	2
Other Blood Conditions	1	Poliomyelitis	2
		Epilepsy	9
		Other Conditions	20
Total Number of Cases: 95			

TABLE B

Pupils on the Visiting Teachers' Roll during the Session

Disability	No.
Accidents, etc.	7
Blood Diseases	3
Bronchitis	1
Congenital Conditions	4
Dystrophy	3
Orthopaedic	10
Poliomyelitis	3
Tumours	3
Other Conditions	2
Total	36*

* In addition to the above, 12 children in hospitals received tuition from visiting teachers.

APPENDIX IV

Remand Home, Gilmerton

	ON CHARGE		ON PETITION	
	Examined for Admission	Examined for Approved School Report	Examined for Admission	Examined for Approved School Report
Edinburgh—				
Boys	215	105	14	12
Girls	18	7	59	44
Total	233	112	73	56
Outwith—				
Boys	86	43	5	5
Girls	7	2	10	5
Total	93	45	15	10
Grand Total	326	157	88	66

Total of Edinburgh and Outwith children:

Examined for admission, 414 (in 1965, 374).

Examined for approved school report, 223 (in 1965, 189).

APPENDIX V

Audiometric Testing—Session 1965-66

	Number Listed	Number Tested	Extra Tests	Normal	Total Def.	Grades			Abs.	Left
						1	2A	2		
Routine Groups										
Infant Admits 1965 ...	6,381	5,750	1,110	5,058	692	446	196	50	631	
% of No. Tested ...				88.0	12.0	7.7	3.4	0.9		
Children Born 1957 ...	5,983	5,457	1,074	4,735	722	521	165	36	526	
% of No. Tested ...				86.8	13.2	9.5	3.0	0.7		
Secondary Admits 1965	1,246	1,138	148	1,034	104	74	20	10	108	
% of No. Tested ...				90.9	9.1	6.4	1.8	0.9		
Absentees (last session)	1,272	768	141	666	102	72	24	6	384	120
Previously Defective										
Defective last Session ...	4,079	2,466	1,699	857	1,609	953	499	157	1,205	408
% of No. Tested ...				34.8	65.2	38.6	20.2	6.4		
Normal last Session ...	1,249	722	201	552	170	137	30	3	399	128
% of No. Tested ...				76.4	23.6	19.0	4.2	0.4		
Special Requests ...	604	604	136	490	114	82	22	10		
% of No. Tested ...				81.1	18.9	13.6	3.6	1.7		
Totals ...	20,814	16,905	4,509	13,392	3,513	2,285	956	272	3,253	656
Less Duplicates ...	552	507	305	208	299	162	97	40	43	2
Final Totals ...	20,262	16,398	4,204	13,184	3,214	2,123	859	232	3,210	654
Previously defective—absent this session					1,205	831	327	47	Grade 3	
Total defectives in above groups ...					4,419	2,954	1,186	279		
Defective cases attending other schools ...					54				54	
Area total of defectives					4,473	2,954	1,186	279	54	
% of Total number of defectives						66.04	26.51	6.24	1.21	
% of the School Population of 63,391					7.06	4.66	1.87	0.44	0.09	

DENTAL SERVICES

In September 1965 the Chief Dental Officer presented a comprehensive Report on the Dental Services, outlining the problems facing the Local Health Authority in terms of its dental services and making certain recommendations both for immediate improvements and for the future development of the Service.

Basically these problems are four in number and confront not only Edinburgh but all Public Health Authorities:

1. The size of the caries problem itself

The magnitude of the caries problem, coupled with the shortage of dentists on a national basis, is such that it can no longer be controlled by remedial measures alone. Yet if all known preventive measures were put into effective practice, technically dental caries would be an almost entirely controllable disease with existing available manpower.

2. The Shortage of Trained Manpower

While a national shortage of dental manpower exists, Edinburgh is fortunate in having a waiting list of graduates, anxious to join the Local Authority Service. Coupled with the increasing acceptance of the value of auxiliary personnel at all levels, this aspect of the problem need not be a factor in Edinburgh.

3. The Increasing Demand for Treatment

The dental *needs* of a community do not determine the *demand* for dental services. In general the dental needs far exceed the demand. The demand for treatment is variable, depending largely on the activity of the dental and allied professions and the public health authority in a given area. It is one of the most delicate problems of all not to create a demand for services beyond the capabilities of the dental forces available, while at the same time attempting to reduce the caries rate by effective dental health education and propaganda.

4. The Reluctance of the Public to adopt Methods both Old and New for the Control of Dental Decay

The solution to this problem is very largely a question of education, which, however, cannot be undertaken without trained personnel in sufficient numbers to provide the required continuing effort. In this respect the new grade of dental auxiliary and the established grade of oral hygienists are proving most valuable, but all professional personnel in local health and education authorities have an important contribution to make.

Recommendations set out in the September Report included the following:

1. The early implementation of the Scottish Home and Health Department's recommendations to fluoridate domestic water supplies as an essential step in the control of the steadily increasing incidence of dental caries.

Unfortunately, after an intensive campaign, the proposal to fluoridate the city's water supply proved unacceptable by a very narrow margin.

2. The need to increase substantially measures designed to make every mother and child aware of the importance of diet, oral hygiene techniques, and the need for routine inspections and treatment, and the desirability of sufficient financial support for these purposes.

To this end an intensified programme of dental health education has been planned, directed primarily at pre-school children, and children of five years of age attending primary school for the first time. Two senior dental officers of the staff have undertaken the task of co-ordinating and directing auxiliary personnel in this important work. During the year, 260 half-days were devoted to dental health education, and 48 schools and 344 groups received talks and demonstrations. The full effect of the programme will not become apparent until 1966-67.

3. The importance of establishing sufficient staff of all grades to provide services capable of making a substantial impact on dental ill health.

A phased increase in the staff establishment based on the assumption that fluoridation will eventually be acceptable has been agreed to on the following lines:

- (a) One additional dental officer each year for the next five years, increasing the establishment from 18 to 23.
- (b) Four additional auxiliaries in the year 1966-67, increasing the present establishment from 2 to 6.
- (c) One additional oral hygienist in the year 1966-67, increasing the establishment from 2 to 3.
- (d) One additional dental surgery assistant in the year 1966-67 to the agreed establishment of one dental surgery assistant to each dental officer.
- (e) The promotion of two dental officers to Senior Dental Officers, with special responsibilities in dental health education and auxiliary personnel.

Even in the absence of fluoridation, these staff changes are most welcome, and should contribute substantially to the effectiveness and efficiency of the dental services in meeting treatment requirements and establishing a preventive service.

4. The improvement of surgeries and equipment. The standard of new clinics and surgery equipment provided in recent years has been of a high order. First-class equipment and good surgeries are important factors in the development of a good service; apart from their immediate value as aids to efficiency and productivity, they make a valuable contribution to the

good image of the service and may have a material influence on the attitude of potential candidates for school dental posts.

The first phase in a five year programme to improve and modernise the older surgeries in the city began with the re-equipment of the central clinic at Lauriston Place at a cost of £5,380. Currently, work is proceeding satisfactorily at Leith, West Pilton, and Firrhill Clinics and should be complete by late Autumn.

Closer Co-operation with Edinburgh Dental Hospital and School

It has long been felt that closer co-operation between the Local Health Authority and Edinburgh Dental Hospital and School would result in an improved service to children in the city. Preliminary discussions on how this might best be achieved were held in March, and subsequently a number of proposals were put into effective practice. These include arrangements for easier referral of difficult cases to the Dental Hospital, the speedier admission of cases requiring specialist in-patient treatment in hospital with particular reference to mentally and physically handicapped children, and the participation of local health authority staff in assessing the value of certain treatment procedures, for example, clinical trials of ledermix, an antibiotic steroid drug for the treatment of the exposed or hyperemic pulp tissue is planned.

Arrangements are also in hand to make provision for more advanced methods to be made available to the largest number of children by the appointment of two dental officers as clinical assistants to the Department of Children's Dentistry, Edinburgh Dental Hospital, on a one session a week basis for a period of six months. At the conclusion of this period, these dental officers will be replaced by another two members of staff for a similar period.

Research Survey

In co-operation with the Department of Preventive Dentistry, University of Edinburgh, a seven-year survey, involving ten schools, has been planned to investigate the effectiveness of dental health education and current preventive measures, other than fluoridation of domestic water supplies. The survey is scheduled to commence in October 1966 and terminate in June 1973.

Staff Meetings

Five meetings of the dental staff were held during the year. At the March meeting Mr A. J. Hargreaves, Senior Lecturer in Children's Dentistry, University of Edinburgh, read a paper entitled "A Complete Dental Service for the Child", in which he outlined the developing services for children in the Edinburgh area and indicated the role which he considered might be played by the Local Authority in such an integrated service.

Demonstrations of the "Little Sister" Autoclave and the Gyromatic Root Canal instrument were given at the October and November meetings respectively. At all meetings staff are encouraged to present casual communications, to contribute brief reports on Refresher Courses and Conferences, and to

discuss freely problems affecting the Service. It is felt that these meetings serve a most useful function in encouraging a co-ordinated effort from a staff who, by the nature of its duties, tend to function as isolated units.

Orthodontic Treatment

While the volume of Orthodontic treatment provided has remained much as in previous years, certain developments in the treatment methods are worthy of special note. Firstly, the provision of a specially equipped orthodontic room at Sighthill has made it possible to make a start to fixed appliance therapy, and seven cases are currently under treatment. Secondly, encouraging results are being obtained with the Frankel appliance, a new departure in functional appliance therapy. Full credit for these developments must be accorded to Miss M. N. Miller, the Senior Dental Officer in charge of Orthodontics.

Under the supervision of the Consultant Orthodontist, 537 cases of malocclusion were under treatment by the dental staff during the year, 162 of which were completed satisfactorily.

Oral Surgery

The Consultant Oral Surgery Service continues to be provided at Sighthill Health Centre on the same basis as in previous years. Fifty children were referred for consultation and treatment.

Treatment of Handicapped Children

Considerable difficulty continues to be experienced in providing routine examination and treatment for physically and mentally handicapped children. Because of their disability the need for suitable premises, good equipment and additional auxiliary assistance remains paramount. The provision of a mobile (trailer) clinic, which could be taken to special schools where help is available, would largely overcome existing problems.

Refresher Courses

By courtesy of the Corporation, eight dental officers attended Refresher Courses during the year. Such courses prove invaluable, not only in stimulating and sustaining interest, but in continuing to provide the highest standard of professional skills.

Attendances and Treatment

Details of attendances and treatment are given in Table V, Sections I, II, III, IV, and V, from which it is clear that a very considerable volume of work has been undertaken during the year.

On the credit side is a 26.8 per cent. increase in the number of half-days devoted to dental health education, while the number of patients seen and the number of fillings completed, both in terms of gross total and on a sessional basis, are fractionally better than 1964-1965.

Perhaps the most encouraging feature of the Return is a 6.3 per cent. increase in the acceptance rate from 51.2 per cent. in 1964-65 to 57.5 per

cent. in 1965-66. The acceptance rate has now risen 9.3 per cent. in the last two years, and it is interesting to speculate why this should have occurred. It may be that these figures are part of a national trend, due to increased interest in dental health generally, but they may also reflect the increasing impact made by dental health education locally, or it may be that the steady improvement in surgeries and equipment is a factor in improving the public image of the Service.

On the debit side it has again been possible to examine less than half the total school population, whereas all children should be seen at six-monthly intervals or less.

Of the 43 per cent. of children not accepting treatment, it is estimated that some 25 per cent. attend general dental practitioners, and that the remaining 18 per cent. receive no regular treatment whatever. From this latter group stem the largest number of casual or emergency cases, numbering 2,358 in 1965-66. This group, together with the large number of broken appointments, totalling over 10,000 during the year, seriously interfere with the routine service available to those children showing an active interest in dental health.

The present position can only give rise to concern. The seriousness of it is further illustrated by the figures which show that it is possible to make dentally fit only a relatively small number of children each year, amounting to 63.1 per cent. of the children actually accepting treatment as a result of school examinations, but only 10.7 per cent. of the total school population.

These figures do not relate to the Maternity and Child Welfare Service, and fail to illustrate how little is at present being achieved for pre-school children in the city, nor how almost non-existent is the dental service to expectant and nursing mothers.

The need for dental health education is clamant, but must at the present time be applied with caution and discretion to achieve the optimum effect without embarrassment to existing services.

The pressing need for the employment of all known preventive measures cannot be overstressed.

Acknowledgements

It is my privilege and pleasure to extend my warm thanks to the Chief Dental Officer, Scottish Home and Health Department, to the staff of Edinburgh Dental Hospital and School, to the Medical Officer of Health, and colleagues both medical and non-medical of the Public Health Department for help and advice. To the Senior Dental Officers, Dental Officers, Dental Auxiliaries, Oral Hygienists and Dental Surgery Assistants, who have maintained a high standard of work throughout the year, a word of special thanks is due.

TABLE V

LOCAL AUTHORITY DENTAL SERVICES (SCHOOL AND M. & C.W.)

1st August 1965 to 31st July 1966

Section I—General Statistics

School Population—63,391
Estimated Pre-School Population—41,746

	Age on Inspection														Total Ages 5-17 +
	Ages 0-4	5	6	7	8	9	10	11	12	13	14	15	16	17+	
Routine Dental Inspection	1,056	2,790	3,635	3,871	3,824	3,750	3,465	3,630	2,209	1,129	913	298	78	80	29,672
With Dental Defects	686	1,979	2,665	2,887	2,919	2,756	2,394	2,468	1,598	885	759	242	64	59	21,675
Offered Treatment	678	1,834	2,441	2,590	2,553	2,376	1,998	1,995	1,371	733	526	193	57	56	18,723
Accepting Treatment	598	1,176	1,430	1,456	1,426	1,337	1,109	1,057	735	468	345	136	56	35	10,766
Treated by Dental Officers	581	1,032	1,127	1,215	1,199	1,106	951	962	650	421	365	149	63	31	9,271
Number made Dentally Fit	407	588	852	814	859	824	814	716	509	329	244	149	66	32	6,796
Special and Emergency Cases	237	299	299	250	254	212	177	146	153	123	125	56	9	18	2,121
Attendances for Treatment—Total 0-4	2,764	Attendances for Treatment—Total 5-17+													48,524

ORAL HYGIENISTS

M. & C.W.

Schools

Attendances for Treatment ...

55

2,719

...

Sessions devoted to D.H.E. ...

19

91

...

Section II—Details of Treatment

	School Children	Pre-School Children	Mothers		Total
			Ante- Natal	Post- Natal	
Fillings					
Permanent Teeth—Routine	22,186	—	40	69	22,295
Special	384	—	—	—	384
Total	22,570	—	40	69	22,679
Deciduous Teeth—Routine	10,992	1,656	—	—	12,648
Special	219	44	—	—	263
Total	11,211	1,700	—	—	12,911
Extractions (Excluding Orthodontic)					
Permanent Teeth—Routine	1,476	—	5	27	1,508
Special	390	—	—	—	390
Total	1,866	—	5	27	1,898
Deciduous Teeth—Routine	6,816	414	—	—	7,230
Special	1,257	195	—	—	1,452
Total	8,073	609	—	—	8,682
Administrations of General Anaesthetics ...	1,335	153	—	—	1,488
Other Operations—					
Permanent Teeth	8,318	—	28	64	8,410
Deciduous Teeth	4,436	841	—	—	5,277
Dentures—Partial	72	—	—	1	73
Full	3	—	—	5	8
Repairs to Dentures	20	—	—	—	20
Number of X-rays (excluding Orthodontic) ...	773	4	—	—	777

Section III—Orthodontic Treatment

	School Children
Number of cases continued from previous year	360
New Cases	177
Cases Completed	162
Cases Discontinued	28
Cases Continuing at end of year	347
Number of Examinations—(a) Consultant R.H.B.	102
(b) Dental Officers	75
Number of Examinations not followed by Treatment—(a) Consultant R.H.B. ...	1
(b) Dental Officers	—
Attendances for Treatment—(a) Consultant R.H.B.	410
(b) Dental Officers	3,991
Removable Appliances fitted—(a) Consultant R.H.B.	—
(b) Dental Officers	110
Fixed Appliances fitted—(a) Consultant R.H.B.	1
(b) Dental Officers	6
Treated without Appliances—(a) Consultant R.H.B.	—
(b) Dental Officers	53
Extractions—(a) Permanent Teeth	275
(b) Deciduous Teeth	213
Repairs to Appliances	7
Number of X-rays—(a) Intra	56
(b) Extra	501

Section IV—Dental Staff

	Dental Officers	Dental Surgery Assistants	Dental Auxiliaries	Dental Hygienists
Establishment of posts agreed by Council ...	19	22	6	3
Number in posts at 31/7/66—(a) Whole-time ...	18	20	2	3
(b) Part-time	—	—	—	—
Number of vacancies being advertised	—	—	—	—
Estimated number of half-days occupied in—				
(a) Inspection	278	—	—	—
(b) Treatment—Schools	6,427	—	708	650
(c) Treatment—Orthodontic	476	—	—	—
(d) Treatment—M. & C.W.	267	—	122	9
(e) Dental Health Education	80	—	89	91
(f) Administration	513	—	—	—
(g) Absent—Illness	203	95	12	54
(h) Miscellaneous	132	—	23	12

Section V—Maternity

	Ante-Natal	Post-Natal
Routine Examination	16	17
Attendances	59	105
Completed Dentally Fit	8	15
Fillings	40	69
Extractions	5	27
Other Operations	28	64
General Anaesthetics	—	—
Dentures	—	5

SECTION III

NURSING SERVICES

- (a) Home Nursing Service
- (b) Health Visiting Service
- (c) Home Nursing Aids
- (d) Registration of Nursing Homes and Licensing
of Nursing Agencies

HOME NURSING SERVICE

The home nursing service continued to be carried out on an agency basis by the Queen's Institute of District Nursing. Under the supervision of the superintendent, Miss M. Maclean, all the demands made on the service have been met and the Health Committee is very appreciative of the work of the Institute among the citizens.

The year has been one of continued progress in the work of the service. The nursing staff have worked to full capacity in giving comprehensive nursing care to patients of all age groups in the community.

As in former years, the elderly patients on the register have received most visits, and once more emphasis must be placed on the prolonged visits required by this category, as in the course of her visits each nurse has to carry out nursing and rehabilitation procedures for the frail elderly.

An increased number of children aged from birth-15 years have been nursed during the year, in all, a total of 2,253 visits being made. Visits in this age group give the nursing staff a great deal of satisfaction and a very good relationship is established in the homes, both with the children themselves and with their parents.

There has also been an increase in the number of patients who attend at the out-patient clinic. The attendances are almost equally divided between the morning and evening sessions. During the year 136 patients attended the clinic resulting in approximately 4,000 treatments.

The record system introduced last year has proved a great benefit, the nurses have a visual record of all patients in their care and the relief staff can become acquainted with details of the cases before proceeding to the district.

The services of the four male nurses on the staff have been in continual demand throughout the year.

Training Course for Part-time Nurses

The eight part-time nurses who entered for training in October last year successfully completed the course during this year and have been an asset to the staff.

Course for State Enrolled Nurses

A further course of instruction finished in June and thereafter three nurses who had successfully completed the course were appointed to the staff.

Sterilised Disposable Dressings

In September pre-sterilised disposable dressing packs containing forceps were made available to the nursing staff. This is a real advance on the previous dressing procedure required in the patients' homes. In the past the district nursing sisters had to carry out a great deal of improvisation in order to achieve some sterility. This was time-consuming for the nurses and expensive for the families concerned.

We are grateful to the Health Committee for making this modern facility available to the staff and we would like to see general practitioners and hospital staffs making more use of the improved service now available for the care of surgical cases on the district.

Attachment to General Practice

October saw the initiation of district nurse attachment to general practices.

Two projects were started and in each area the results were most encouraging. The medical practitioners found the experiment very worthwhile, and it led to improved communication between patient, nurse and doctor. The nurses also have more satisfaction in their work through being able to work in closer co-operation with the doctors.

Wider Basic Training

Throughout the year approximately 190 student nurses spent two days with the district nursing sisters. This has now become an established procedure and the student nurses are always interested in the work carried out in the domiciliary field.

Residential Course for District Nurses with Teaching Responsibilities

The six district nursing sisters who attended the above course which was held at Queen Margaret Hall, Glasgow University, from 12th-16th September, found the lectures and visits of observation very helpful and instructive. They have expressed their thanks to the Health Committee for the opportunity of attending the course.

Miscellaneous

During the year we had many visitors to see the work carried out by the nursing staff. These visitors are a source of stimulation and interest to our staff and they in turn appreciate the time spent on the district.

Once again we would like to thank the many organisations who helped us to make the Christmas season brighter for some of our elderly housebound patients.

HEALTH VISITING SERVICE

The recurring theme throughout this year has been that of liaison between health visitors and workers in many different disciplines whether from statutory or voluntary bodies in and adjoining Edinburgh. It is seldom that a day passes without requests being made for the help of a health visitor by one of the social work agencies or hospitals. The requests concern all age and social groups in the population.

Liaison with hospitals

Health visitors attend at least 13 hospitals regularly, making contacts with doctors, nurses and social workers. Valuable information is exchanged which whilst remaining confidential, on the one hand, contributes to the patients' welfare by giving the hospital staff an idea of the patients' home background and, on the other hand, it helps the health visitors to maintain the continuity of care after the patient has been discharged home.

Additional hospitals now visited by health visitors include—

- (a) The Royal Infirmary of Edinburgh, Ward 3, where patients are admitted under great stress or where in some instances, they have attempted to take their own lives.
- (b) The North Wing of the Royal Edinburgh Hospital.
- (c) The "Well-baby" Clinic at the Simpson Memorial Maternity Pavilion.

Number of referrals by hospital staff to health visitors = 13,466

Number of referrals by health visitors to hospital staff = 1,187

Liaison with general practitioners

There are now seven health visitors attached full time to groups of general practitioners, where they work as members of a team, from the surgeries. In addition, many more health visitors meet the family doctors regularly wherever this is most convenient, either at the surgery or the child welfare centre. This has proved to be to the mutual advantage of patient, doctor and health visitor. In the Leith area, health visitors have continued assessment visits for the detection of early senile dementia in patients of two group practices.

Liaison with voluntary organisations

Included amongst these, has been the link with the Service Group of the Edinburgh University Settlement. The health visitors have welcomed the help given by students in the form of house decorating, gardening, emergency cleaning and shopping (to name but a few of the jobs undertaken) for the older citizens of Edinburgh. The health visitors are represented by the deputy superintendent health visitor on the sub-committee of the Group, which meets at Wilkie House.

In-service training of staff

From time to time, lectures and discussions have been arranged for the staff so as to keep pace with the current trends in public health and social medicine. Health visitors have been sent to various refresher courses, sometimes joining with other disciplines, so as to allow a useful interchange of knowledge and experience. Permission has been granted for two health visitors to be seconded early in 1967, to the six months course for health visitors in Mental Health arranged at the University of Strathclyde. In September, seven school nurses were engaged to give ancillary help in the

school health service. They were given in-service training prior to being attached to the school health visitors, under whose supervision they are placed.

Geriatrics

In September, two health visitors were seconded full-time to visit old people in connection with the geriatric research programme being undertaken by Dr J. Williamson, at the Eastern General and the Royal Victoria Hospitals. Other health visitors spend much of the time, as is to be expected, on helping the elderly. This may be very time-consuming in that so many workers have to be contacted. It is sometimes frustrating when so little can be achieved in some instances, but it is always worthwhile and those at the receiving end are most appreciative.

Decentralisation of staff

The programme of decentralising health visitors to their districts continues. Not only does this save travelling time and money, but it is establishing a new local pattern whereby the families know where they can make contact with their health visitor near their homes.

In conclusion, an increasing use has been made of ancillary help and clerical assistance by health visitors. An attempt has been started to reduce waste visits which has met with some success in a pilot scheme.

Members of the administrative staff serve on the General Nursing Council for Scotland, the Regional Nurse Training Committee and on two of the Hospital Boards of Management.

It is obvious that the role of the health visitor is seldom static. Her duties are widespread and call for agility of mind as well as physical stamina. Wherever possible, it is essential to conserve her skills by using ancillary staff and by presenting a correct image of her function to the public whom she aims to serve.

HOME NURSING AIDS

The following items were issued on loan during the year. The total number was 1613, compared with 1590 in the previous year.

Air Rings	...	...	178	Commodes	...	...	192
Bed Boards (Sets)	...	...	78	Walking Aids	...	...	94
Bed Cages	...	...	106	Wheelchairs	...	...	80
Bed Rests	...	...	146	Miscellaneous:—	...	...	713
Bedsteads	...	...	26	(Bedding, Bedpans, Rubber Sheets, Etc.)			

REGISTRATION OF NURSING HOMES

As at 31st December there were 28 registered nursing and maternity homes, of which two only were registered for maternity purposes. There were no cancellations of registration during the year, one new home was registered, a large one for terminal cases of malignant disease, and one home, a Christian Science one, had its annual exemption from registration continued for a further year.

LICENSING OF NURSING AGENCIES

A second nursing agency was licensed during the year. These two agencies, one large, the other small, are coping with some difficulty with the considerable demands made on their services.

Patients attended by the Queen's Institute of District Nursing during 1966

DISTRICT	STAFF on Districts	PATIENTS								Ante- Natal Visits	Tuber- culosis Visits	Total all Visits
		MEDICAL		SURGICAL		MATERNITY		TOTAL				
		New	Old	New	Old	New	Old	New	Old			
Central Training Home	...	2,895	1,422	472	72	69 E.D. 115	1 E.D. 6	3,551	1,501	2,377	5,116	204,162
Davidson's Mains	...	93	36	19	6	—	—	112	42	—	57	3,825
Blackhall	...	57	25	17	3	—	—	74	28	—	58	4,119
Colinton	...	148	40	24	7	—	—	172	47	—	485	5,067
Corstorphine	...	128	47	40	4	—	—	168	51	—	242	7,018
Duddingston and Craigmillar	...	354	89	57	9	—	—	411	98	—	536	11,638
Liberton and Gilmerton	...	256	86	38	4	—	—	294	90	—	1,413	9,400
Portobello	...	2	180	48	10	—	—	228	78	—	380	9,110
Southfield	...	60	21	6	2	—	—	66	23	—	335	3,612
Sighthill	...	107	35	24	5	—	—	131	40	—	169	6,368
Granton	...	221	89	45	7	—	—	266	96	—	605	12,219
Group Attachment—Restalrig	...	53	—	11	—	—	—	64	—	—	228	979
Group Attachment—Liberton	...	71	—	16	—	—	—	87	—	—	35	937
	19½	4,623	1,958	817	129	184	7	5,624	2,094	2,377	9,659	278,454

E.D. = Early Discharges from Hospital.

* NURSING STAFF AS AT 31ST DECEMBER, 1966

1 Superintendent.
1 Deputy Superintendent.
4 Assistant Superintendents.
1 Tutor.
36 Queen's Nursing Sisters, full-time.
15 Trained Nurses in Training.
16 Queen's Nursing Sisters, part-time.

1 Registered General Nurse, full-time.
1 Registered General Nurse, part-time.
2 Midwives.
1 Pupil Midwife.
6 State Enrolled Nurses.
1 Nursing Auxiliary, part-time.

SIGHTHILL HEALTH CENTRE—

1 Registered General Nurse, full-time.
1 Registered General Nurse, part-time.

HEALTH VISITORS—HOME VISITS 1966

	First Visits	Re-visits	Total	Waste Visits
1. Health Supervision—Children				
Children born 1966	7,845	35,822	43,667	—
" " 1965	679	36,167	36,846	—
" " 1964	345	25,674	26,019	—
" " 1963	245	20,210	20,455	—
" " 1962	222	16,618	16,840	—
" " 1961	223	9,526	9,749	—
*Total visits to Children under 5 years ...	9,559	144,017	153,576	26,795
*Note.—This total includes visits to children				
re Home Accidents	157	19	176	—
Mental Health	20	213	233	—
Hospital After-Care	94	65	159	—
Net Total Visits to Children under 5 years	9,288	143,720	153,008	26,795
2. Maternal Supervision				
Ante-Natal Care	2,713	1,751	4,464	
Post-Natal Care	6,006	1,793	7,799	763
3. Home Accidents	255	44	299	113
4. †School Children	813	3,218	4,031	210
†Note.—This total includes visits to children				
re Home Accidents	11	2	13	—
Mental Health	11	73	84	—
Hospital After-Care	17	12	29	—
Net Total Visits to School Children ...	774	3,131	3,905	210
5. Tuberculosis	1,225	4,775	6,000	953
6. Other Infectious Diseases	301	77	378	186
7. Mental Health Services	192	1,962	2,154	185
8. Old People	1,596	8,616	10,212	1,705
9. Hospital After-Care	237	175	412	61
(excl. Old People and Mental Health)				
10. Sanitary	166	1,147	1,313	21
Net Total number of all home visits ...	22,753	167,191	189,944	30,992

Health Visitors' Attendances at Clinics, etc.

Child Welfare Clinics	...	...	...	...	4,092
Hospital Units	...	...	...	...	1,224
School Health Service Clinics	...	...	...	...	235
G.P.'s Surgeries (Ante-Natal and C.W.)	...	...	...	...	624
Chest Clinic R.V.D.	...	...	...	...	425
Vaccination Centre	...	...	...	...	94
School Medical Inspections with M.O.	...	...	...	...	2,669
" " " without M.O.	...	...	...	...	2,223
B.C.G. Sessions	...	...	...	...	200
Case Conferences (Hospitals, etc.)	...	...	...	...	549
Visits to G.P.'s to discuss cases	...	...	...	...	307

In addition to the above, 1,608 visits were made to Toddlers' Playcentres, Nurseries, Mothercraft and Relaxation Classes and Health Talks at Guilds, Clubs, etc.

HOSPITAL REFERRALS 1966

<i>Hospital</i>	<i>No. of cases referred from hospital to H.V.</i>	<i>No. of cases referred from H.V. to hospital</i>
Geriatric		
Eastern General	327	—
Longmore	54	—
Astley Ainslie	470	—
Bruntsfield	135	6
Maternity		
Eastern General	236	152
Elsie Inglis	1,195	109
Simpson's Maternity	5,092	439
Western General	962	—
Children		
City Hospital	1,163	21
Leith	1,030	54
Western General	830	113
R.H.S.C.	1,609	293
Mental Health		
R.I.E. Ward 3, from 15.3.66	105	—
Royal Edinburgh Hospital	258	Not available
	13,466	1,187

SECTION IV

MEDICO SOCIAL SERVICES

- (a) Services for the Aged
- (b) Services for the Handicapped
- (c) Mental Health Services
- (d) Medical Social Workers
- (e) Home Helps
- (f) Pre-symptomatic Diagnosis
- (g) Rehousing on Medical Grounds

SERVICES FOR THE AGED

In a multiplicity of services the overall purpose, aims and objectives must constantly be kept in mind and so no excuse is needed for repeating here the basic essentials of the arrangements for the care of the elderly as set out in the Royal College of Physicians Edinburgh Publication No. 22 on the Care of the Elderly in Scotland:—

- “(a) to sustain them in independence, comfort and contentment in their own homes and, when independence begins to wane, to support them by all necessary means for as long as possible;
- (b) to offer alternative residential accommodation to those who by reason of age, infirmity, lack of a proper home, or other circumstances, are in need of care and attention;
- (c) to provide hospital accommodation for those who by reason of physical or mental ill-health are in need of skilled medical or nursing attention or both.”

Of course, the first two of these are the ones which most concern the local authority, which in addition to its own efforts, must enlist those of the family, voluntary workers and organisations, and other statutory bodies. The part played by health visitors, home helps, district nurses and chiropodists, is described elsewhere in this Report.

Meals on Wheels and Lunch Clubs

These services are invaluable in assisting the elderly to continue to reside at home and the Corporation is indebted to the various voluntary organisations which so regularly provide the service of meals.

The provision made has doubled in the last five years and the figures in the last two years are as follows:—

	1965	1966
Average number in receipt of Meals on Wheels ...	589	603
Meals supplied during year	50,239	57,613
Number of Lunch Clubs operating	15	19
Meals supplied during the year	118,641	135,770
Total number of meals supplied ...	168,880	193,383
(Cost of a two-course meal to the Pensioner is 10d.)		

Library Service for the Housebound

This is another valuable service carried out by willing voluntary workers. About fifty members of the Women's Royal Voluntary Services made nearly 4,000 visits during the year to distribute 15,000 books to 161 persons.

Transport Concession

This concession, introduced last year under the Travel Concessions Acts 1955-64, has proved a great boon, giving to many old folk a new freedom of movement, new interests and companionship. Over 56,000 concessionary passes have been issued to old age pensioners entitling them to any journey on Corporation buses for a threepenny fare during the off-peak hours, namely:—Monday to Friday, 10 a.m. to 12 noon, and 2 p.m. to 4 p.m. and after 6.30 p.m., and all day Sunday.

Those who have a serious and permanent impairment to walking can have a pass entitling them to free travel at any time. Nearly 1,500 of these have been issued but this number, of course, includes the disabled as well as the elderly disabled.

Residential Accommodation

Residential accommodation for old persons requiring care and attention in the city is provided in homes conducted under Corporation, voluntary, and private auspices. Not all of the accommodation in these last two categories is necessarily available to Edinburgh citizens but on the other hand there are 69 residents in voluntary and local authority homes outwith the city receiving assistance from the Corporation.

The policy of the Welfare Committee is to provide four new homes each of 50-60 beds by 1967 and a further two by 1972, but due to financial crises this timetable will not be maintained. For the same reason the Health Committee's plan to build a home for the elderly who are mentally confused has also been deferred.

The average number on the waiting list for admission to Corporation Homes throughout the year was 130.

Corporation Homes are as follows:—

Greenlea: The largest and oldest of the Homes: is undergoing a phased programme of improvements and modernisation. Because of these structural alterations the total accommodation for residents is variable, but has been approximately 450. During the year there were 301 admissions, 166 discharges and 141 deaths.

Firrhill: The first of the small Homes provided by the Corporation, was opened in 1950 to accommodate 16 men. In 1966 there were 19 admissions, 18 discharges and no deaths.

Edinholme: This Home, which accommodates 19 ladies, was opened in 1952. There was one admission during 1966, two discharges and no deaths.

Craigard: Opened in 1954, this Home accommodates 22 ladies. During the year under review there were 22 admissions, 20 discharges and one death.

The Abbey, North Berwick: The Abbey was opened in 1960 and is intended, eventually, to be used as a holiday Home providing accommodation for 26 of either sex. During the year there were 51 admissions including those on holiday from Corporation Homes in the city), 56 discharges and no deaths.

Silverlea: The first of the Corporation purpose-built Homes, was opened in 1963 to take 54 residents of either sex. In 1966 admissions numbered 37, discharges 17, and deaths 20.

Redcroft, North Berwick: This converted hotel was opened in 1965 to accommodate 54 residents of either sex. There were 33 admissions in 1966, 21 discharges and 13 deaths.

The following summarises these statistics:—

			Admissions	Discharges	Deaths
Greenlea	...	...	301 (326)	166 (202)	141 (122)
Firrhill	...	...	19 (20)	18 (21)	Nil (Nil)
Edinholme	...	...	1 (6)	2 (6)	Nil (1)
Craigard	...	...	22 (10)	20 (7)	1 (2)
The Abbey	...	...	51 (56)	56 (42)	Nil (1)
Silverlea	...	...	37 (25)	17 (17)	20 (8)
Redcroft	...	...	33 (51)	21 (2)	13 (Nil)
			464 (494)	300 (297)	175 (134)

(Figures for 1965 in Brackets)

Average Age on Admission

Men	...	79 (77)
Women	...	80 (79)

Miscellaneous Statistics

Removal to Suitable Premises of Persons in need of Care and Attention

Orders current at 1st January, 1966	...	1
„ obtained during year	...	Nil
„ lapsed during year	...	Nil
„ current at 31st December, 1966	...	1

Registration and Inspection of Homes

Homes registered at 1st January, 1966	...	46
Available accommodation at 1st January, 1966	...	1,112
New Registrations	...	Nil
Certificates surrendered	...	5
Homes registered at 31st December, 1966	...	41
Available accommodation at 31st December, 1966	...	1,058

Register of Charities

No Change	...	24
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Temporary Protection of Property

Properties at 1st January, 1966	...	...	13
Added during year	...	...	25
Removed during year	...	...	20
Properties at 31st December, 1966	...	...	18

Burials and Cremations

Number arranged	...	...	104
(45 in Part III Accommodation 59 outwith)			

Temporary Accommodation—(Fire and Flood)

Number of Incidents	...	...	...	33
Number of Families involved	...	...	...	55
Number to Springwell House	...	...	...	32
Rehoused	...	...	...	20

Homeless

From 1st January, 1966, to 31st May, 1966, it was necessary to admit 23 women and 42 children to temporary accommodation at 5 Vennel. Thereafter from 1st June, this became the responsibility of the Children's Officer.

CHIROPODY SERVICE

Centre	Chiropodist Days per week	Number of Patients Treated	Attendance			Broken Appoint- ments
			New Patients	By Those Previously Attending	Total	
(a) CLINICS						
29 Windsor Street ...	14	1,534	398	6,490	6,888	902
McLeod Street, Gorgie	9½	1,187	335	4,910	5,245	616
23 South Fort Street ...	4	549	150	2,304	2,454	343
Rosefield Avenue Lane, Portobello ...	4	521	95	2,042	2,137	293
69 Henderson Row, Stockbridge ...	4	485	99	1,837	1,936	243
9 Johnston Terrace ...	2	392	124	1,107	1,231	223
7 Royston Mains Road	2	343	67	1,147	1,214	195
Sighthill Health Centre	1	159	28	628	656	65
Clearburn Crescent, Prestonfield ...	1	177	65	574	639	80
Niddrie ...	1	196	34	580	614	105
Total ...	...	5,543	1,395	21,619	23,014	3,065
(b) CORPORATION OLD PEOPLE'S HOMES						
Greenlea ...	1½	408	158	673	831	—
Silverlea ...	½	85	33	278	311	—
The Abbey ...	½	43	38	162	200	—
Redcroft ...	½	81	72	225	297	—
Total ...	...	617	301	1,338	1,639	—
Combined Total ...	...	6,160	1,696	22,957	24,653	3,065

Domiciliary

Number of Patients receiving domiciliary care ... 1,520

Number of Treatments given during year ... 8,163

SERVICES FOR HANDICAPPED PERSONS

In March 1966 the Health and Social Services Departments amalgamated, placing the responsibility for services under the National Assistance Act, 1948, on the Medical Officer of Health. Prior to this date, the Health Department had been active in its interest in the services for the physically handicapped and had been closely associated with the work of the Edinburgh Cripple Aid Society and the Committee for the Co-ordination of Services for the Disabled.

While the Corporation have delegated their functions for the welfare of disabled persons to voluntary societies, it is represented by councillors and officials on the various executive committees: at the same time, the statutory bodies are represented on the Co-ordination Committee.

The voluntary societies are as follows:—

- (a) blind persons to the Society for the Welfare and Teaching of the Blind and to the Royal Blind Asylum and School;
- (b) deaf persons to the Edinburgh Deaf and Dumb Benevolent Society;
- (c) crippled persons to the Edinburgh Cripple Aid Society.

(a) BLIND PERSONS

(1) **Welfare.**—The Society maintains on behalf of the Corporation the Register of Blind Persons, and the number on the register at the end of the year was 1,292. Arrangements were made for the examination of 230 persons of whom 134 were certified to be blind and 56 partially sighted.

The welfare of these blind persons is attended to by 8 qualified home teachers who carry out domiciliary visits giving advice on personal problems, instruction in reading Braille and Moon type and in handicrafts, e.g. the making of lampshades, trays, basket-work, stools, etc. During the year welfare visits and interviews numbered 9,067 of which 998 were of an instructional nature. Facilities are available for meetings at the Society's headquarters at 4 Coates Crescent where there is a library; monthly meetings are held in various parts of the City. Concerts and bus outings were arranged as in former years and attendances at football matches at Tynecastle and Easter Road continued.

Talking books are used by 308 blind persons compared with 305 last year. The current waiting period for books is now about 4 months.

The capitation fee in respect of registered blind persons remained at £9:7s., and the amount paid for the period under review was £10,300 as compared with £10,743 for the previous year.

The Society also maintain a register of partially sighted persons and the number on the register is 184, an increase of 7 from the previous year. 435 visits were made by the Society in connection with partially sighted persons of which 82 were of an instructional nature.

(2) **Employment.**—The number of blind persons employed in the Royal Blind Asylum Workshops and the Scottish Braille Press receiving financial assistance from the Corporation is 89 compared with 94 at this time last year. Various trades are carried on—bedding, basket making, mats, chair caning, wirework, upholstery and braille production. Augmentation in respect of the Workshops for the period under review was £528 of which £300 is recoverable from the Ministry of Labour. The Braille Press fee was £260 of which £195 was recoverable from the Ministry.

Meetings continued to be held with the Royal Blind Asylum, the Ministry of Labour and other interested parties in regard to the provision of new workshops in Edinburgh to serve both blind and physically disabled persons.

(b) DEAF PERSONS

The number on the Society's Register at 31st December was 369 as against 359 on the corresponding date last year. During the year, 4,159 visits were made and these covered welfare, employment and interpreting compared with last year's total of 2,584. Within the same period, 8 boys, 6 girls, 20 men and 10 women were found open employment by the Society, an increase of 10 over the number placed in employment the previous year.

The general welfare of all deaf and dumb people has been re-organised during the past year and an increase in staff has enabled a much fuller and more regular programme of visits to be carried out as can be seen by the figures shown above. A revised register is also being compiled from which it is hoped the Society will be enabled to provide a fuller service to the deaf and dumb people within the city. Co-operation with other welfare organisations, both local and national, viz., The Edinburgh Committee for the Co-ordination of Services for the Disabled, Scottish Association for the Deaf, Royal Institute for the Deaf, has been well maintained and found to be extremely useful. Through the co-operation of the Edinburgh Committee for the Co-ordination of Services for the Disabled efforts are being made to secure the use of a large gymnasium thus providing an extension of recreational facilities.

In addition to the normal social meetings special ones are held for old age pensioners. Sporting and other recreational facilities are provided and special day release classes continue. The Lunch Club opened in 1965, continues to operate successfully.

(c) PHYSICALLY HANDICAPPED PERSONS

Registered physically handicapped persons increased from 1,117 to 1,214 and, during the year, over 3,000 welfare visits were made.

The number of clubs in operation at Simon Square Centre is six—the same as in previous years. Club membership continues to increase although lack of transport causes some difficulty.

Arrangements were made for a considerable number of members to go on holiday at Kinghorn, Tigh-na-Bruaich, etc.

Occupational therapy is engaged in by 246 persons; handicrafts are taught to 19 housebound persons, and over 800 visits were made to handicapped persons to overcome difficulty with household activities and dressing. In addition, joint visits were made approximately twice per month with officials from the Corporation to houses where alterations had been recommended. The Therapist and Social Worker visited 90 newly registered persons to assess their capabilities. The occupations engaged in are office work, woodwork and metalwork, tailoring and light industries and production. Forty-eight firms have supplied work during the year. Projects have included the assembly of molecular models, canvas shoes and surgical splints for hospitals, the assembly of jewellery and decorative artificial Moon Flowers. Other interests include cookery, handicraft and typing, and there is also a sports section.

As the laundry class proved of limited value, a handicraft class was introduced in its place.

The appointment of an additional therapist has made it possible to open the Industries Department for a five-day week.

Occupational therapy students from the Astley Ainslie Hospital and from Oxford received training and practical experience, and many students, graduate therapists, nurses and social workers visited the Centre.

Three physically handicapped persons are engaged in the Society's boot repairing shop at Broughton Place and eighteen were enabled to enter open employment.

The financial contribution from the Corporation for the period under review was £15,780.

(d) Other Disabled Persons

The number of severely disabled sighted persons assisted by the Corporation is 20—6 employed by the Royal Blind Asylum, Gillespie Crescent, 10 at the Scottish Braille Press, 3 by the Edinburgh Cripple Aid Society and 1 at Red Cross House, Largs. During the period under review 68 disabled persons have received aid or have had adaptations carried out at their homes at a total cost of £743. An increasing number of disabled persons have also requested and received advice prior to having adaptations carried out privately. A register has now been compiled of Corporation houses where ramps have been supplied and the House Letting Dept., who have been notified are also advised when any new adaptation of this type is provided. By this method it will be possible when the tenancy of a house with a ramp is being re-allocated to consider re-letting to a family of which a member is a handicapped person.

**(e) Edinburgh Committee for the Co-ordination of Services
for the disabled.**

The Corporation recognised the work of this Committee by contributing an annual grant and, in addition, have given money towards the salary of a clerical assistant responsible for supervising the Central Register of Disabled. The membership of this co-ordinating committee now includes 35 voluntary associations, 19 professional and 14 statutory bodies: this embraces six new organisations which joined during the year, namely:—The Disabled Drivers' Association, Disablement Income Group, G.P.O. Welfare Department, Ileostomy Association of Great Britain, Scottish Thalidomide Association, and the Spina Bifida Association. A great deal of work in this committee was done through the four sub-committees which were very active during the year. These sub-committees include the Welfare Sub-committee which meets to consider problems of individual cases as well as to give greater attention to the broader issues affecting the welfare of the disabled; the Sports Committee have been able to promote a number of interesting and useful developments for the disabled, including swimming, riding and winter recreations; the Sheltered Workshops Sub-committee during the year considered plans for a sheltered workshop, and meetings were held with Corporation committees, the Ministry of Labour Industrial Advisers to the Blind, and the Royal Blind Asylum. Maintenance of the Central Register was also undertaken and at present there are 5,039 names on the Register. Further education and vocational training was another matter looked at by this sub-committee.

The fourth sub-committee is the Public Relations one whose success has created interest not only locally and in Great Britain but also in many other parts of the world. The Co-ordinating Committee's film, "Working Together", produced in conjunction with the Films of Scotland Committee, and the exhibition on the same theme were completed in time for showing at the Congress for the International Society for the Rehabilitation of the Disabled in Wiesbaden, Germany. The film has been shown 51 times and the exhibit 15 times to various groups and requests for future bookings included one from New Zealand. Another interesting facet of the work of this sub-committee was the production of a booklet "Guide to Edinburgh for Disabled" which was published by the Scottish Tourist Board, the cost being met by a generous donation from the Saints and Sinners Club of Great Britain. Again requests for copies of this booklet have been received from a number of countries. The "Disabled Week, 1966" was another successful event which included a motor rally and a number of public meetings. The results of the publicity were also evaluated and it was noted that 45 per cent. of those visited indicated knowledge of the "Week". There is little doubt that the harmonious relationships which have been encouraged between the various bodies concerned with the disabled, and the mutually beneficial efforts which have been accomplished have inspired enthusiasm and created a spirit which augurs well for the future wellbeing of the disabled in the city.

MENTAL HEALTH SERVICES

Introduction

It is now five years since Part II of the Mental Health (Scotland) Act, 1960, dealing with local authority services, came into operation. At that time (May 1961), The Secretary of State directed that local health authorities should submit, not later than 28th February 1962, their proposals for providing community mental health services under the Act, giving an indication of their plans, at least for a period up to the end of 1964, together with a general statement of their subsequent intentions. It is perhaps, therefore, fitting to look now at what was proposed at that time and how far these plans have been met. In the 1961 Annual Report the plan was outlined and the principal recommendations included the following:—

- 1 The appointment of five mental health officers: care and after-care to be undertaken by them and by health visitors
- 2 It was suggested that the staff at the Willowbrae Day Care Unit for severely handicapped children should be increased and the part-time training and care which was given should be extended to full-time care. It was also anticipated that the existing accommodation at Willowbrae could provide an additional 10 places so it was unlikely an extension would be required within five years
- 3 In relation to senior occupation centres for the mentally handicapped, they should continue to be administered by the City Education Department but should be subject to review in the light of experience. It was also recommended that there was a need for additional accommodation at the senior centres
- 4 Residential accommodation was also considered. It was recommended that the short-term accommodation for mentally handicapped children was sufficient to meet the needs for the period under consideration, and long-term residential needs should include—
 - (a) provision of accommodation at Eversley House for rehabilitating mentally handicapped adult males;
 - (b) provision of a hostel for mentally ill patients;
 - (c) provision of a small home for aged patients suitable for discharge from mental hospitals but of doubtful status as far as ordinary welfare accommodation was concerned
5. To establish social clubs for mentally ill patients.
6. Training in Mental Health should be made available to the staff.
7. The setting up of a Lay Co-ordinating Advisory Committee with representation from the voluntary organisations, the Ministry of Labour, the Ministry of Social Security and the Health and Social Services Departments.

Although progress in each of the above fields is detailed later in this report, on the credit side it can be seen that the majority of the proposals have reached fruition. Six mental health officers were employed by the end of 1966, one of whom had been seconded to the two-year training in Social Work. At the same time, two vacancies were outstanding for senior psychiatric social workers. Somewhat to our surprise, the change-over from part-time care to full-time care at the Willowbrae Day Care Unit increased the demand far beyond the estimates and it was found necessary to extend the total accommodation from 16 places to approximately 80. The new extension should be ready for occupation at the beginning of 1967. Progress in the provision of hostel accommodation also proceeded well and, in November 1963, a hostel for mentally handicapped adult males was opened, to be followed in April 1964 by the hostel in Northumberland Street for mentally ill patients. With regard to the senior occupation centres, an additional one was opened at Cameron House through the agency of the University Settlement. The cottage at Willowbrae House was utilised to give domestic training for an additional eight girls and, in January 1966, the Work Centre at Longstone, providing accommodation for approximately 100 mentally handicapped adults, was opened. The social club for mentally ill patients was started in November 1961 at Wilkie House, and four clubs are now provided in conjunction with the hospitals and Edinburgh University Settlement. As far as training is concerned, a three weeks' full-time Orientation Course for Scottish Mental Health Officers was started in March 1962 and has continued annually since then. In addition, the annual Weekend Refresher Course has been provided for mental health officers, and there has been one weekend course for medical officers on the staff of the department. An annual one-day symposium has also been held regularly since 1962 for local general practitioners. On the debit side, it has not been possible to provide a home for the elderly patients although the plans are well advanced and a site has been purchased within the grounds of Southfield Hospital.

With regard to the future, the Health and Welfare Committees of the Corporation have agreed and are actively pursuing the setting up of a sheltered workshop for all disabled persons, including those who are mentally handicapped or mentally ill, and, in the field of prevention, an experimental health, welfare and advice centre is planned for 1967. The progress that has been made since the plans were submitted to the Secretary of State has, therefore, been extremely encouraging and the help received from and the interest shown by not only the members of the Health Committee but also the staffs of hospitals, University and other departments have been most praiseworthy.

Another encouraging development has been the establishment of a co-ordinating committee for the welfare of the disabled, which has brought together the voluntary agencies and statutory bodies concerned with the general welfare of the physically handicapped and the mentally disordered. This committee has been extremely active in combining resources where this is required and their activities are outlined elsewhere in this report.

COURSES

The following courses were arranged in conjunction with the Department of Psychological Medicine:—

Three Weeks' Orientation Course for Mental Health Officers

Eighteen officers from other Scottish authorities took part, coming from as far north as Caithness. Towards the end of this course, a questionnaire was circulated among the participants and it was found that a surprising number of them requested more emphasis not only on social work and case work but also on basic psychiatry, with the added proviso that more clinical cases should be made available to the course. It was also suggested that a visit to Carstairs Institution would be helpful. These suggestions will be looked at when the new syllabus is prepared.

Mental Health Officers' Refresher Course

The venue of this course was changed from the Grosvenor Hotel to the Carlton Hotel because of difficulties over dates and it was held during the weekend commencing 4th March 1966. Approximately 70 persons attended, comprising 54 mental health officers plus representatives from the Mental Health Commission and the Home and Health Department. We were fortunate in having Dr J. H. F. Brotherston, Chief Medical Officer, Scottish Home and Health Department, to open the meeting by talking on "The Aims of the Mental Health Services". He was followed on the Saturday morning by a discussion on the services for elderly persons, presented by Dr D. Macmillan, Physician Superintendent, Mapperley Hospital, Nottingham. The afternoon was devoted to consideration of the services for the mentally handicapped, a paper being presented by Dr H. Ross, Physician Superintendent, Woodlands Home, Cults, Aberdeenshire. The Sunday morning session was taken up with the subject of Social Case Work, and we were fortunate to have Miss P. Hammond, National Institute for Social Work Training, giving a paper on this subject.

Symposium for General Practitioners

This meeting was held on the 21st July in the Royal Edinburgh Hospital, the date being altered so that we could have a talk from Professor Gerald Caplan, Department of Psychiatry, Harvard University, Boston, Massachusetts. Professor Caplan spoke on Preventive Psychiatry, and a great deal of interesting discussion followed. In the afternoon, Dr R. A. Robinson, Consultant Psychiatrist, Crichton Royal Hospital, Dumfries, gave a paper on the diagnosis and treatment of psychiatric illness in the elderly, which rounded off a most successful day. The meeting was arranged by the Medical Co-ordinating Advisory Committee for Mental Health Services, and the invitations were distributed through the College of General Practitioners, Regional Hospital Board and Edinburgh Corporation. Warm hospitality was also provided by members of the staff and Board of Management of the Royal Edinburgh Hospital, to whom our special thanks must be given.

Other Lectures and Reception of Visitors

In addition to the arrangement of formal courses, 48 lectures were given by the staff to undergraduate, postgraduate and extramural groups, and 30 visitors, the majority of whom were foreign, were received and taken on visits of observation

MENTAL ILLNESS

The upward trend in compulsory and informal admissions to local mental hospitals has continued. For example, the compulsory admissions increased from 229 in 1965 to 238 in 1966. Compulsory admissions represented 10.3 per cent. of the total admissions. However, 86.6 per cent. of the compulsory admissions were by Emergency Order (under Section 31) and only 89 persons or 37.4 per cent. of the total compulsory admissions were detained beyond seven days. Informal admissions also rose from 2,114 to 2,281

TABLE I
Compulsory Admissions

Mental Illness—Compulsory Admissions							
Age Group			Males		Females		Total
			1965	1966	1965	1966	1965 1966
Under 16 years	...	...	1	—	1	—	2 —
16 – 19	„	...	9	9	7	6	16 15
20 – 29	„	...	28	24	20	28	48 52
30 – 39	„	...	24	21	21	18	45 39
40 – 49	„	...	22	18	25	22	47 40
50 – 59	„	...	11	17	14	12	25 29
60 – 69	„	...	3	11	11	20	14 31
70 – 79	„	...	5	6	13	18	18 24
80 years and over	...	...	2	3	12	5	14 8
Totals	...	...	105	109	124	129	229 238

TABLE II
Emergency and Formal Admissions to Hospitals in the Edinburgh Area
from 1st January to 31st December 1966

Hospital	Total Number of Emergency Admissions (Sec. 31)	Emergency to Informal	Emergency to Formal (Sec. 24)	Formal Admissions (Sec. 24)	Part V (Sec. 55) etc.
Royal Edinburgh	115	82	33	15	9
Bangour	80	48	32	4	2
Rosslynlee	11	8	3	2	—
Totals	206	138	68	21	11

Patients referred by the Police also increased during the year from 78 to 94 and the majority were in three main diagnostic categories, namely, schizophrenia (33), psychopathic personality (24) and mental deficiency (13). Twenty-nine of these persons were transferred to hospital on Compulsory Orders and another 13 admitted on an informal basis. In addition, five were the subject of Hospital Orders and four were put on probation with the requirements to attend for psychiatric treatment.

TABLE III

Informal Admissions

Hospital	Male	Female	Total
Royal Edinburgh	714	1,094	1,808
Bangour	203	210	413
Rosslynlee	37	23	60
Totals	954	1,327	2,281

Prevention, Care and After-Care

Co-operation between hospital and community services has continued at a very satisfactory level and this was strengthened towards the end of the year by combined meetings of social work staff belonging to the local mental hospitals, the two medical social workers and the mental health officers. These meetings were held in the Royal Edinburgh Hospital to discuss problems which were common to all and to find ways and means of bridging the gaps and overcoming administrative difficulties. As a result of the meetings, it was decided to continue them on a quarterly basis, and that extra mental health officers were required to cope with the increasing needs of the patients.

The number of after-care visits has increased: the number of visits paid by mental health officers in respect of mentally ill patients under informal care has increased from 1,760 in 1965 to 2,118.

At the same time, during 1966 the referrals from Ward 3 (Poisons Unit) of the Royal Infirmary increased, involving mental health officers and health visitors in many social and community problems. The medical staff in this ward are convinced that, if more after-care could be given, this would result in a substantial decrease in the number of repeated attempts at self-poisoning. Thus the staffing situation will have to be reviewed. We have also been receiving more referrals from Craig House and the Professorial Unit at Morningside, which have put further pressure on the service.

To improve the after-care services, it was decided to have more specialisation in the health visiting service and, in consequence, two health visitors were seconded to the six months' full-time course for health visitors in Glasgow.

Hostel, 65 Northumberland Street

The hostel, which caters for the convalescent mentally ill, continues to serve a most valuable purpose as a "half-way house" between hospital and community. During the year there were 24 admissions and three re-admissions to the hostel, mostly from the Royal Edinburgh Hospital (14). Five patients were admitted from other hospitals—Rosslynlee (3), Bangour (1) and the Western General (1)—while five others were admitted from private addresses, having been referred by general practitioners, social workers or voluntary agencies.

There were 22 patients who were discharged from the hostel during the year; 14 were discharged well to lodgings (11) or to their own home (3). The remaining eight required to be re-admitted to hospital for further in-patient treatment

On 31st December 1966 the hostel had a full complement of 18 residents. All were gainfully employed. In the last few months of the year there was, for the first time, a small waiting list for admission to the hostel.

Since opening in 1964 there have been 53 patients admitted to the hostel (including 8 re-admissions) and 35 have been discharged.

Social Clubs for Mentally Ill Patients

Despite an apparent reduction in the referrals of new patients, the Tuesday, Wednesday and Thursday Clubs continue successfully and it has been possible to attract some additional voluntary helpers from the churches and other organisations. It has been of interest that the needs of patients appear to vary according to the hospital from which they are referred. For example, in the Thursday Club for pre-discharged patients, it has been found that patients from one hospital were more interested in programmes of visits to places of interest as a means of re-familiarising themselves with the city whereas others from the Royal Edinburgh Hospital preferred indoor activities and group discussions. The Zodiac Club for younger patients still operates successfully with 10 patients and with a very useful number of undergraduate helpers. The undergraduates are also visiting patients in hospital and, in addition to keeping in touch with the younger or adolescent patients, they have also provided friendly visits and activities for patients in the geriatric wards.

MENTAL HANDICAP

Residential Service

The following table gives the comparative figures for various categories in 1965 and 1966:—

TABLE IV

Mental Defectives

	Males		Females		Totals	
	1965	1966	1965	1966	1965	1966
1. Cases admitted to Hospital—						
A. Formal Admissions	1	2	4	1	5	3
B. Informal Admissions	17	19	6	8	23	27
2. New cases received into Guardianship ...	—	—	—	1	—	1
3. Removal from Guardianship (<i>i.e.</i> , Discharge following Review)	1	—	2	2	3	2
4. Removal by Death	1	—	—	1	1	1
5. Patients under Formal Guardianship at 31/12/66	12	12	28	24	40	36
6. Patients under Informal Care at 31/12/66 ...	117	134	164	200	281*	334*

* Includes school-leavers.

There has been a notable increase in the number of mentally handicapped persons under informal care and a steady decrease in those under formal guardianship. In 1961 there were no cases receiving informal care whereas guardianship cases amounted to 141. In 1966 there were only 36 guardianship cases and those being supported informally had increased to 334; of these, 114 had been notified to the department under Section 66 of the Education (Scotland) Act, 1962.

Admissions to hospital were 30 in comparison with the 28 persons admitted in the previous year. Of those admitted, 9 were females and 21 males; 11 were under five years of age, 7 between 5 and 16 years, and 12 were over 16 years. The distribution of the admissions was as follows:—

Gogarburn Hospital	10
East Fortune Hospital	3
Strathore Hospital	1
Glenlomond	6
St Joseph's	8
St Mary's	1
Lennox Castle	1

Hostel for Mentally Handicapped Adults, Eversley House

This hostel also continues to function very satisfactorily as a "half-way house", providing training to enable the residents to live an independent life

in the community, either in lodgings or at home, after having remained in hospital for a number of years. During 1966 there were 15 admissions and four re-admissions to the hostel, mainly from Gogarburn Hospital (8) but also from Herdmanflat Hospital, Haddington, (2) and one each from the Royal Infirmary, the Andrew Duncan Clinic, Glenlomond Hospital, and from Aberlour. Three new admissions and two re-admissions came directly from home or lodgings. In addition, arrangements were made with the Mental Welfare Commission for a high-grade defective from near Aberdeen to spend a fortnight's holiday in the hostel.

Sixteen residents were discharged from the hostel during the year—12 to lodgings and four to their own homes. Ten of these have remained satisfactorily in the same employment and lodgings since leaving the hostel. In addition, one resident required re-admission to Gogarburn Hospital while one unemployable defective, who had been taken into the hostel on the death of his sole remaining parent, was transferred to hospital on a permanent basis. One other resident was transferred to Lennox Castle.

On 31st December 1966 the hostel had a full complement of 17 residents; 15 were in regular full-time employment and two were attending the Industrial Rehabilitation Centre at Granton. At the end of the year, there was also a small waiting list for admission to the hostel.

We are again grateful for the help received from the Ministry of Labour and its Industrial Rehabilitation Unit at Granton for their help and support throughout the year.

Since opening in November 1963, there have been 46 patients admitted to Eversley House and 28 who have been discharged, including four who were re-admitted to Gogarburn Hospital. Sixteen former residents to date have now received formal discharge from hospital on proving their ability to live an independent life in the community. A satisfactory feature of Eversley House is the number of former residents who keep in touch with the hostel by returning in the evenings to discuss problems with the wardens, to watch television, to visit the games room and also to attend the weekly class run for the teaching of the "three 'R's'".

Senior Training Centre for Mentally Handicapped Adults

The Centre at Longstone opened on 24th January 1966 with a complement of 6 males and 6 females who had previously attended the Education Department senior occupation centres at Slateford and Lauriston respectively and who were considered most likely to benefit by further training in a more industrialised setting.

Since then, the Centre has gone from strength to strength under its manager, Mr T. Bell. The instructor staff has been increased from three to five, the numbers attending have increased to a total of 31 on 31st December (14 males and 17 females), and the range of training provided and the type of goods being manufactured have broadened considerably.

The therapeutic value of the work carried out has been well demonstrated in the improvement in the standard of work by most within several weeks.

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LONGSTONE
WORKSHOP.



MENTAL
HEALTH F.C.

Although it is hoped that the more capable will graduate eventually to a sheltered workshop or even to open industry, the Centre has already shown its value for the many handicapped who are now able to realise their capabilities and to develop them accordingly. Incentive is also provided by the payment of a small sum weekly to those showing aptitude following an initial period of training.

Since opening, two females have left the Centre; one was returned to the senior occupation centre as a result of a very poor attendance record while another left to get married.

The social aspects of the Centre have not been ignored. In addition to obtaining a record-player and some sports equipment, a football team has been started for which a complete set of jerseys, shorts and stockings was donated by the Edinburgh branch of the Society for the Mentally Handicapped.

Willowbrae House—Short-Stay Residential Unit and Day Centre for Mentally Handicapped Children

In August we were glad to welcome Miss Rachel N. Thorburn who was appointed as Matron of the Combined Units. Although coming to us from Ireland, she was not a complete stranger to us as she worked in Clerwood Children's Home some years ago. Our policy has been towards closer integration of the residential and day-care sections and we look forward to further development and expansion under Matron's direction. Work started on the long-awaited extension in the summer and it should be opened during 1967.

There were 90 children (63 boys and 27 girls) admitted to the unit for varying periods over the year. There are two boys on a long-term basis who are awaiting residential placement. During the year it was decided to admit children for weekends or for the day on Saturday or Sunday. The response has been encouraging and we shall continue this as circumstances permit.

The number of children attending daily remains at 33. During the year one child died, two were admitted to hospital and one to St Crispin's Junior Occupation Centre. Their places were taken by two who were excluded from St Crispin's and two from the waiting list which is still growing.

STAFF ENGAGED WHOLE-TIME ON MENTAL HEALTH DUTIES

A. Medical Staff—

Depute Medical Officer	...	...	...	...	1
Senior Medical Officer	...	...	...	...	1
Assistant Medical Officer	...	...	...	...	1

B. Welfare, Care and After-Care Staff—

Psychiatric Social Worker	...	...	...	—	(2 vacancies)
Mental Health Officers	...	...	...	...	6

C. Occupation and Training Staff—

Staff in Centres (excluding Domestic Staff)	...	...	...	...	23
Occupational Therapists	...	...	...	...	1

D. Residential Accommodation Staff—

Wardens or Matrons	...	...	...	...	3
Others (excluding Domestic Staff)	...	...	...	...	15

APPENDIX I

Agencies referring Patients to Mental Health Officers

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Hospitals	14	19	22	16	31	34	11	41	33	33	21	33	308
General Practitioners ...	81	15	13	10	18	16	15	8	23	25	21	23	268
Police	7	10	8	7	12	15	3	5	8	10	5	4	94
Voluntary Associations ...	1	—	1	1	4	3	3	1	—	2	1	3	20
Medical-Social Workers ...	1	2	4	—	3	3	4	2	4	3	3	4	33
Health Visitors	2	1	2	1	2	—	2	2	3	4	3	—	22
Social Service	1	3	1	—	—	2	3	3	1	2	6	5	27
Relative or Friend ...	12	5	11	4	7	12	7	9	6	12	7	8	100
Mental Welfare Commission	—	—	2	—	—	—	—	—	—	1	—	—	3
Probation Officers ...	—	2	—	—	1	—	—	—	—	—	—	—	3
National Assistance Board	1	3	—	2	3	2	1	2	—	—	6	1	21
Others	1	5	3	9	1	3	10	2	9	5	1	1	50
Totals	121	65	67	50	82	90	59	75	87	97	74	82	949

APPENDIX III

Children Reported by the Education Authority

	Number reported during Year	Number of Cases included in (2) who are now—				Number of Cases included in (2) who are awaiting—			Cases included in (2) on which Action Found Necessary but now completed
		Attending Local Health Authority or Voluntary Centre	Receiving Other Forms of Care from Local Health Authority	In Hospital	Place in an Occupation or Work Centre	Other Local Health Authority Care	Hospital Admission	Cases included in (2) on which No Action Found Necessary	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Children reported to the Authority under Section 65 of the Education (Scotland) Act, 1962.	8	5	8	—	3	—	2	—	—
2. Children reported to the Authority under Section 66 of the Education (Scotland) Act, 1962.	16	4	7	1	3	—	—	6 working 2 No help required	—

MEDICAL SOCIAL WORK SECTION

The year under review was one of staff changes, of social work challenge and of new opportunity for medical social work.

Both medical social workers left to take up teaching duties and there was a gap of almost three months before they could be replaced. The effect of such major staff changes was reflected in the reduced intake of new patients. By December, however, referrals were again coming in steadily and were highlighting the need for an increase in establishment to enable an adequate standard of social casework care to be maintained.

The need for social workers in this section to have an understanding of the social and emotional problems associated with specific illness and with acute or chronic disability, remains essential, for of the 429 patients worked with during the year the assessment of the cause of breakdown in social functioning was attributable directly to illness in 175 cases. In addition, 23 cases showed illness linked with social pressures and 25 showed illness linked with personality difficulties, while 67 cases showed a mixture of personality and/or social or miscellaneous factors. In 139 cases, social pressures alone were seen as the causal elements in an individual or family's breakdown. In these cases too, skilled social work help is often necessary to sort out the basic problems, relieve tensions and enable patients to make a better adjustment to their life situations, which may in some instances be fundamentally unalterable. The intervention of the social worker at periods of social or emotional crisis may well help to prevent the patient or relative presenting later with more overt symptoms of physical or mental illhealth.

An analysis of the type of service being given, however, shows that while more than half the patients required the continuing help of a trained medical social worker, good use could also be made after the initial interview of less specialised workers to meet the needs of some patients. This would free the specialist worker to help a larger number of those patients requiring skilled medical social casework to enable them to resolve their problems or come to terms with their disabilities, and would also enable them to offer a consultant service on the medico-social aspects of illness to other colleagues in the Health and Social Services Department. In addition, adequate secretarial assistance and the provision of transport would enable scarce workers to use their professional skills more flexibly and effectively.

For many years regular liaison meetings have been held with the health visitors, and now within the newly merged Health and Social Services Department closer contacts also with social work colleagues in mental health and in welfare are being developed, and it is hoped that in time there will be evolved a fully integrated Social Work Section of the Department. With this in mind, Miss Richards undertook a week's study tour of local authorities in London and the south of England where the development of

multi-disciplinary social work teams, each covering a particular area of a town or county, have been pioneered. Such a system provides not only an improved service to the patient by allowing continuity of service by one social worker, but cuts down on overlap by ensuring adequate consultation with social work colleagues, and enables a department to make full use of all the social work skills available. An integrated social work section is also better placed to plan staff development programmes, offer the student placements so urgently required if the training colleges are to train adequate numbers of students for work in the local authority sphere; and maintain good contacts with other social work agencies and departments within the city.

The future awaits, but meantime, during the past year in addition to the services mentioned earlier, the medical social workers have continued to participate in training programmes for health visitors, district nurses, mental health officers and others. One medical social worker attended the Annual Conference of the Institute of Medical Social Workers in Leeds, when the theme was "The First Two Years", dealing with a survey detailing the experience of newly qualified medical social workers during their first two years on the job. It highlighted the need for them to be given a planned introduction to their work, with adequate supervision and guidance, and also raised questions about the adequacy of present training methods. In general it stimulated the profession to look more closely at its aims and functioning. Members of the section continued to participate in the wider social work activities within the city, meeting informally with other colleagues—an important function where it is noted that during the working year we have contact with over 40 different agencies and departments in the city.

TABLE I
Sources of Referral to and Home Visits by Medical Social Workers

SOURCES OF REFERRAL											HOME VISITS	
Year		Total No. of Cases	G P.'s	Health Visitors	District Nurses	Other Medical Social Workers	Direct Approach	Voluntary Agencies	Other P.H. Depart- ments	Miscell- aneous		Continued from Previous year
1962	...	729	221	111	4	21	233	27	29	22	61	419
1963	...	725	224	116	6	14	175	15	38	46	91	448
1964	...	734	235	125	8	19	165	25	45	34	78	397
1965	...	656	219	126	7	24	132	18	43	43	44	378
1966	...	429	114	72	4	16	87	8	23	41	64	215

TABLE II
Assessment of Charges

Year	Home Help	Residential Nursery	Day Nursery	Willowbrae House	Cameron House	Slateford	Longstone	Nursing Requisites	TOTAL
1962	951	513	609	44	2	—	—	21	2,140
1963	847	44	1,642	53	1	—	—	10	2,597
1964	1,018	—	1,091	87	2	6	—	2	2,206
1965	1,232	—	1,183	68	4	3	—	3	2,493
1966	1,118	—	1,023	92	3	2	12	—	2,250

HOME HELP SERVICE

The Service continued its efforts to meet the heavy calls made on it, but demand always exceeded supply.

During the year the establishment was raised from 280 to 300 full-time home helps, but this has not been sufficient and there is now a waiting list. The main reason is the increasing number of long-term cases, and consequently home helps are not being released as early as in former years. At December 31st the staff consisted of 26 full-time home helps, 531 part-time working 6 mornings weekly and 39 home helps working 3 mornings per week, making a total equivalent to $301\frac{1}{4}$ full-time personnel.

In the course of the year 239 home helps joined the service and 185 resigned; most of these because of changed home circumstances, but some did not find the work congenial.

Assistance was given to a total of 1,997 households of whom 253 were maternity cases, 1,410 were persons over 65 years and 334 general cases under 65 years. There were 417 households not requiring help every day who received help 3 mornings a week. Evening help of a couple of hours was given to 16 cases, the home help giving the patient supper and seeing them into bed. Two households had a night sitter for a limited period, and 37 received help on Sundays.

Supervisory visits by the Supervisory staff and home help visitors numbered 4,338, being less than last year owing to illness and the resignation of one of the visitors.

The laundry service continued to prove useful. The number of bags of laundry dealt with during the year was 1,307 and 12 new cases were accepted.

PRESYMPTOMATIC DIAGNOSIS

This may be defined as the detection of a disease before it gives rise to symptoms, at a stage when a complete cure is likely to be obtained.

Any test for the early diagnosis of disease must satisfy certain basic criteria. The test must be simple, capable of repetition, and give the minimum of bother and discomfort to the patient; it must also be sufficiently sensitive to detect a high proportion of those persons who have the disease. As these tests are not of themselves diagnostic, adequate facilities must exist for further investigation of suspected individuals and for the treatment of the disease.

Perhaps the best known and currently most-talked-of test is that for the

detection of cancer of the neck of the womb—the cervical “smear”. The basis of this test is the fact that abnormal cells can be differentiated from normal cells when examined microscopically. Cancer of the cervix is a disease which has its highest incidence in married women who have had large families and who are in Social Class 4 or 5. In its early stages it can remain undetected for a number of years and it is at this stage that it is most easily cured. Cervical screening can bring these early cases to light.

REHOUSING ON HEALTH GROUNDS

Number of Applications	No Priority	Medical I	Priority Points Recommended			
			1.	2.	3.	4.
678	47	65	136	252	138	40
Total number of Applications ...			...	...	1,190	
Number for Transfer ...			...	...	458	
Number of Transfers Refused ...			...	...	54	

SECTION V

CONTROL OF INFECTION

- (a) Infectious Diseases
- (b) Tuberculosis
- (c) Venereal Diseases
- (d) Bacteriological Services
- (e) Immunisation and Vaccination
- (f) Port Health Supervision

INFECTIOUS DISEASES

There were 3,936 cases of infectious diseases, including tuberculosis notified during 1966, an increase of 32 compared with the previous year. There was an increased incidence of measles to 2,265 from 1,866 in 1965, of whooping cough to 345 from 92 the previous year, and of food poisoning to 465 from 147. On the other hand, there was a marked decline in dysentery to 394 cases compared with 1,315 in 1965 and there were 61 cases of acute primary pneumonia, the number notified the previous year being 111.

One case of typhoid fever was notified (a resident from outside the city who had been referred to an Edinburgh hospital for investigation). In 1965 there were 2 cases. As regards paratyphoid-B fever, there were 7 cases compared to 3 the previous year.

The work of the infectious diseases section entailed many investigations with appropriate control measures in respect of food poisoning, the two main incidents involving a number of people who had dined at a works canteen, and pupils and teachers of several schools all supplied by food from one cooking centre.

Because of the occurrence of variola minor in the Midlands of England during the spring and summer, supervision of a number of contacts who had travelled to Edinburgh was carried out.

The excellent co-operation between the department and the University of Edinburgh Bacteriology Department, which has existed in the past, has continued.

Excluding pneumonia and tuberculosis, there were 38 deaths from infectious diseases during the year (2 measles), (35 influenza; 21 females and 14 males, all mostly elderly), (1 meningococcal septicaemia). In the previous year there were 12 deaths from infectious diseases.

ENTERIC INFECTIONS

A. Typhoid Fever

One case of typhoid fever occurred in June 1966. The patient had been referred from a district outside the city for investigation in an Edinburgh hospital.

B. Paratyphoid-B Fever

Seven cases were notified:—

- (1) In March a mother and three children were found to be suffering from paratyphoid. The strain of the organism was phage type Taunton. Although the family had paid a visit to the Mediterranean area several months previously, the phage type suggested that the source could have been in Edinburgh—possibly an asymptomatic carrier from the 1963 paratyphoid outbreak.

- (2) In September a man who had just returned from Italy was found to be suffering from paratyphoid B, the phage type being Taunton.
- (3) A man who took ill in September, a few days after returning from Australia, was diagnosed as suffering from paratyphoid B, the phage type being Jersey.
- (4) In October a child was found to be suffering from paratyphoid B. In this case the phage type was Beccles var 6, one which had not been isolated previously in Edinburgh. In spite of intensive investigation the source was not discovered.

FOOD POISONING

In all there were 465 cases, the causative organisms being as follows:

A.	Salmonella	...	...	...	...	...	...	...	...	229 cases
	aba	...	...	2 cases						
	anatum	...	...	3	"					
	blockley	...	...	3	"					
	braenderup	...	...	1	"					
	bredeney	...	...	3	"					
	budapest	...	...	1	"					
	cubana	...	...	1	"					
	derby	...	...	1	"					
	enteritidis var jena	...	...	141	"					
	enteritidis	...	...	6	"					
	heidelberg	...	...	3	"					
	javiana	...	...	3	"					
	kinshasa	...	...	1	"				(first case of an extensive outbreak, Dec. 1966-Jan. 1967)	
	muenchen	...	...	1	"					
	montevideo	...	...	20	"					
	newport	...	...	1	"					
	panama	...	...	3	"					
	schwarzengrund	...	...	2	"					
	typhimurium	...	...	33	"					
B.	Staphylococcus Aureus—Coagulase Positive	...	...	...	...	...	...	...	...	7 cases
C.	Clostridium Welchii	...	...	...	...	...	...	...	...	30 cases
D.	Others—organisms not isolated	...	...	...	...	...	...	...	...	199 cases
									Total	465 cases

FOOD POISONING INCIDENTS OF NOTE IN 1966

Outbreak Associated with Poultry

Following the staff Christmas (1965) dinner in a large factory in Edinburgh there was an outbreak of food poisoning, the organism isolated being *Salmonella enteritidis* var jena. Four cases (employees of the firm) notified on 31st December, 1965, are not included in the following 1966 statistics. The organism was isolated from 141 cases, including 128 members of the factory staff and twelve contacts of staff and in addition one person in Edinburgh who was not associated with the outbreak. More than half of those affected resided in Edinburgh, the remainder staying in the surrounding counties.

A complicating factor of considerable health importance was that the factory was concerned in the manufacture of food. Because of the resulting potential hazard to the public complete screening was carried out of all employees (with or without symptoms) involved in the manufacturing process, who had dined in the factory canteen. Non-food handlers with symptoms were also investigated.

In all 783 persons were screened at the factory by public health medical officers and well over 2,000 faeces specimens were referred for bacteriological examination.

Because of delayed notification it was not possible to investigate the outbreak at the onset and none of the foodstuffs involved in the meal were available for examination.

Although bacteriological proof was lacking, in all probability infection was brought into the canteen kitchen in one or more of the frozen turkeys used for the Christmas dinner.

It seemed likely that infected water from an infected defrosted turkey contaminated benches, trays, etc., which in turn re-contaminated turkeys which had been cooked. Subsequently, these turkeys were allowed to stand overnight at kitchen temperature which encouraged the multiplication of the salmonellae. Another possibility was that in view of the size of the birds some salmonellae did survive the cooking process either in the flesh or in the stuffing contained in the abdominal cavity of the birds.

Salmonella Montevideo in a Hospital

An outbreak of infection with *Salmonella montevideo* occurred in one ward in a city hospital. A few days following a surgical operation a female patient developed gastro-enteritis and *Salmonella montevideo* was isolated from the urine and subsequently from the faeces. She had had urinary symptoms for one year prior to operation.

Later three other women in the same ward also developed gastro-intestinal symptoms subsequent to operative treatment and *Salmonella montevideo* was isolated from the faeces. Investigation revealed that 15 other persons (patients and ward staff) were symptomless excretors of the organism.

Extensive investigation did not indicate that food was the possible source of the infection and none of the patients or staff of other wards, also receiving food from the same large central kitchen, was involved.

The husband of the index case was found to be an asymptomatic excretor of *Salmonella montevideo* which supported the view that the index case was the source of the infection.

Clinical Food Poisoning—School Meals Outbreak

In November there was an outbreak of food poisoning involving 168 pupils and teachers in schools supplied by food from one cooking centre. The illness was mild in character and in most cases had cleared up within 24 hours. Those affected took ill on the same day and diarrhoea was the main symptom.

Most of those affected had partaken of one meal (lunch) made at the centre and distributed to the various schools. Unfortunately as all the food from the suspected meal had been disposed of, none was available for examination.

Bacteriological examination of a considerable number of those affected did not show the presence of any of the common food poisoning organisms.

Fourteen members of the staff of the cooking centre were well and no pathogens were isolated on bacteriological examination. Serological examinations for virus antibodies were negative.

One member of the staff who was off duty because of gastro-intestinal symptoms was found not to be excreting food poisoning organisms. Blood examinations did not demonstrate the presence of any virus.

Food available in the centre was examined and food poisoning organisms and chemical poisons were not found.

In view of these negative findings, there may have been some chemical factor present possibly associated with tinned rhubarb which was used to make rhubarb crumble, which had been eaten by almost all of those affected.

Another possibility was the presence of a food-borne virus. This was suggested as some further cases with similar symptoms occurred in children within the 7 days following the original outbreak, all having eaten food from the cooking centre. At that time too in the Glasgow and Fife areas ECHO virus was isolated from several cases with comparable symptoms.

DYSENTERY

Notifications of dysentery dropped from 1,315 cases in 1965 to 394 in 1966. This is the lowest incidence since 1952 when 129 were notified. The highest number was 81 in January 1966, the lowest being one notified in July.

The highest incidence of infection was between the ages of 1 and 24 years (287 = 73 per cent.).

The 394 notifications included:

389 cases of *Shigella sonnei* (1,310 in 1965).

2 cases of *Shigella flexneri* (5 in 1965).

3 cases of amoebic dysentery (none in 1965)—Two of these cases were soldiers who had returned from abroad, the third being a patient referred from outside Edinburgh for investigation.

CEREBRO-SPINAL MENINGITIS

There were 8 cases compared with 4 the previous year. Seven were males, of whom three were under 1 year of age. There was one male of 1 year 3 months, who died.

DIPHTHERIA

The last case occurring in the city was in 1956.

MEASLES

All cases of measles occurring in a household continue to be notifiable.

There was an increased incidence from 1,866 cases in 1965 to 2,265 in 1966 (1,129 males, 1,136 females). The number notified in November and December (1,049) represented 46 per cent. of the cases. One hundred and forty-six cases occurred in children under 1 year; 2,080 children in the age group 1-4 years (92 per cent. of the total).

Two children died—a male of 8 years and a male of 1 year 2 months, whose illness was complicated by bronchopneumonia.

In the autumn of 1964 a trial of measles vaccines was made in various areas in Great Britain under the auspices of the Medical Research Council's Measles Vaccines Committee. Children between 10 months and 2 years of age were involved.

In Edinburgh the local health authority took part in the trial. Vaccine was given to 1,425 children; no vaccine was given to 1,542 children. Nine months later—at the end of August 1965—it was reported that measles had been developed by 51 of the 1,425 vaccinated children and by 291 of the 1,542 unvaccinated children.

In the vaccinated groups some cases of measles appeared during the first month after vaccination. These may have been either reactions to the vaccine or true measles.

Over the nine months period to which these statistics refer, the incidence of measles is lower in the vaccinated group as compared to the unvaccinated group. So far, however, the duration of immunity is not known.

Records of the follow-up of this trial are retained by the Medical Research Council in London and it is hoped that fuller reports will be available in 1967.

INFLUENZAL PNEUMONIA

Twenty-six cases (12 males, 14 females) were notified, being 14 cases more than the previous year. Eighteen occurred in the over 45 age group. Over half of the cases (14) were notified in February.

PRIMARY PNEUMONIA

There was a further decrease in notifications to 61 (there were 111 in 1965, 150 in 1964 and 256 in 1963). Thirty-one males and 30 females were affected. Most cases occurred in January-March.

POLIOMYELITIS

For the fourth year in succession no cases were notified.

SCARLET FEVER

Seventy-two cases were notified (35 males and 37 females), this being a slight increase from 62 cases the previous year. Sixty-nine occurred in the 1-14 age group.

WHOOPING COUGH

There was a remarkable increase in whooping cough notifications from 92 cases in 1965 to 345 in 1966. In 1964 there were 430 cases. There were 161 males and 184 females this year, almost all occurring in the under 15 age group, the highest incidence being in the second half of the year.

OTHER INFECTIONS

Unlike the previous year there were no cases of psittacosis, rabies, tetanus or brucellosis.

There was, however, a cat which had been imported from Tanzania and which died while in quarantine near Edinburgh. A provisional diagnosis of rabies was made and as there were four human contacts in Edinburgh each was given a fourteen days course of duck embryo rabies vaccine. Side effects were minimal in comparison to the side effects resulting from rabbit brain rabies vaccine which had been administered to contacts of a leopard cub which had died of rabies in Edinburgh in 1965.

Full investigations in respect of the cat eventually revealed that death was not due to rabies. Because of the serious nature of rabies early treatment of human contacts with vaccine could not be delayed pending the results of investigations into the death of the cat.

INFECTIOUS DISEASES

The following Table shows the Number of Notifications for each Month of the Year 1966

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
*MEASLES ...	88	50	27	35	78	182	262	193	73	228	459	590	2,265
FOOD POISONING ...	142	12	15	26	11	20	15	7	15	15	178	9	465
DYSENTERY ...	81	42	58	21	28	13	1	39	32	17	33	29	394
WHOOPING COUGH ...	10	3	4	3	16	23	39	29	34	67	71	46	345
PULMONARY TUBERCULOSIS ...	11	17	26	8	20	10	19	16	15	11	13	21	187
SCARLET FEVER ...	12	2	8	1	5	10	8	7	3	2	4	10	72
PNEUMONIA, PRIMARY ...	15	15	10	5	4	1	2	—	—	1	2	6	61
NON-PULMONARY TUBERCULOSIS ...	3	—	1	7	6	5	2	5	—	5	1	2	37
ERYSIPELAS ...	4	2	4	3	3	1	1	1	—	1	4	4	28
PNEUMONIA, INFLUENZAL ...	3	14	3	—	—	1	1	2	—	—	—	2	26
MALARIA ...	—	—	—	2	1	1	—	1	—	—	4	—	9
CEREBRO-SPINAL FEVER ...	1	1	—	1	—	2	—	1	—	1	1	—	8
PARA-TYPHOID B ...	—	—	4	—	—	—	—	—	2	1	—	—	7
PUERPERAL PYREXIA ...	—	1	—	—	1	1	—	—	—	—	—	—	3
TYPHOID FEVER ...	—	—	—	—	—	1	—	—	—	—	—	—	1
OPHTHALMIA NEONATORUM ...	—	—	—	—	—	—	—	—	—	1	—	—	1
†CHICKENPOX ...	6	2	—	1	2	2	2	3	1	2	2	4	27
Totals ...	376	161	160	113	175	273	352	304	175	352	772	723	3,936

* Only first case in household notifiable.

† Not notifiable.

INFECTIOUS DISEASES

Return of Cases of Infectious Disease notified during
the Year ended 31st December 1966

DISEASE			SEX	At All Ages	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH								Cases removed to hospital	Cases not removed to hospital
					Age Groups									
					Under 1	1-4	5-14	15-24	25-34	35-44	45-64	65 +		
*MEASLES	...	M	1,129	81	1,030	14	3	1	—	—	—	76	1,053	
		F	1,136	65	1,050	13	6	1	1	—	—	71	1,065	
FOOD POISONING	...	M	178	3	17	66	23	25	18	21	5	10	168	
		F	287	3	8	83	34	31	53	67	8	27	260	
DYSENTERY	...	M	179	10	73	48	25	9	7	4	3	39	140	
		F	215	11	61	29	51	26	17	13	7	51	164	
WHOOPING COUGH	...	M	161	22	84	54	1	—	—	—	—	24	137	
		F	184	24	80	75	1	3	1	—	—	23	161	
TUBERCULOSIS,		M	122	1	2	8	3	13	13	55	27	82	40	
PULMONARY		F	65	—	3	6	13	8	8	15	12	48	17	
SCARLET FEVER	...	M	35	—	9	24	2	—	—	—	—	5	30	
		F	37	—	13	23	1	—	—	—	—	6	31	
PNEUMONIA,		M	31	1	5	9	1	—	2	11	2	—	31	
ACUTE PRIMARY		F	30	—	1	5	2	2	4	6	10	—	30	
TUBERCULOSIS,		M	15	—	—	1	4	4	4	1	1	9	6	
NON-PULMONARY		F	22	—	—	—	1	6	5	6	4	14	8	
ERYSIPELAS	...	M	14	—	—	1	—	1	2	5	5	7	7	
		F	14	—	1	—	—	1	7	5	7	7	7	
PNEUMONIA,		M	12	—	—	2	1	—	1	5	3	1	11	
INFLUENZAL		F	14	—	—	1	—	1	2	4	6	1	13	
MALARIA	...	M	9	—	—	—	4	3	1	1	—	9	—	
		F	—	—	—	—	—	—	—	—	—	—	—	
CEREBRO-SPINAL FEVER		M	7	3	1	1	2	—	—	—	—	7	—	
		F	1	—	1	—	—	—	—	—	—	1	—	
PARA-TYPHOID B	...	M	3	1	—	—	—	2	—	—	—	3	—	
		F	4	—	1	2	—	1	—	—	—	3	1	
PUERPERAL PYREXIA	...	M	—	—	—	—	—	—	—	—	—	—	—	
		F	3	—	—	—	2	—	1	—	—	2	1	
TYPHOID FEVER	...	M	—	—	—	—	—	—	—	—	—	—	—	
		F	1	—	—	—	—	—	1	—	—	1	—	
OPHTHALMIA		M	—	—	—	—	—	—	—	—	—	—	—	
NEONATORUM	...	F	1	1	—	—	—	—	—	—	—	1	—	
†CHICKENPOX	...	M	15	3	5	1	3	3	—	—	—	15	—	
		F	12	3	2	1	4	2	—	—	—	12	—	
		M	1,910	125	1,226	229	72	61	48	103	46	287	1,623	
		F	2,026	107	1,221	238	115	81	93	119	52	268	1,758	
TOTAL	...		3,936	232	2,447	467	187	142	141	222	98	555	3,381	

* Only first case in household notifiable.

† Not notifiable.

Cases of Certain Specified Infectious Diseases notified in Edinburgh during the last 20 Years

YEAR	FOOD POISONING	SCARLET FEVER	* MEASLES	DYSENTERY	ACUTE POLIOMYELITIS	ENTERIC FEVERS	
						TYPHOID	PARA. B
1947	...	310	1,403	69	151	4	2
1948	...	1,051	2,240	245	30	—	4
1949	...	1,183	1,392	277	27	3	5
1950	...	1,004	2,489	551	69	1	3
1951	...	451	2,009	966	41	2	5
1952	...	752	3,136	129	25	1	1
1953	...	619	1,703	652	61	3	2
1954	...	416	1,889	1,046	44	1	12
1955	...	195	1,053	1,034	40	3	6
1956	...	204	2,631	1,024	39	1	7
1957	...	126	1,284	912	7	3	7
1958	...	277	1,753	1,041	20	—	10
1959	...	255	1,257	731	—	2	6
1960	...	243	2,283	643	1	1	7
1961	...	158	1,202	836	4	3	39
1962	...	118	1,705	900	3	4	10
1963	...	127	1,415	1,486	—	4	162
1964	...	80	2,170	642	—	2	15
1965	...	62	1,866	1,315	—	2	3
1966	...	72	2,265	394	—	1	7

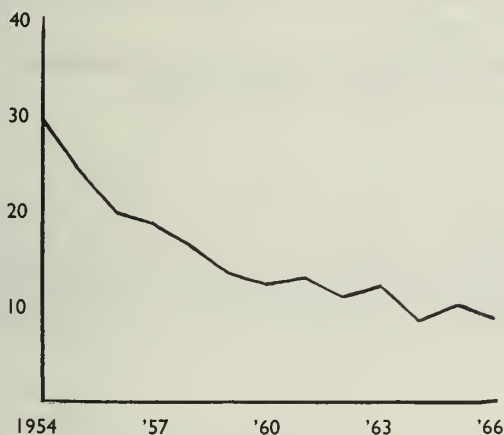
* Only first case in household notifiable.

TUBERCULOSIS

Following a drop in the incidence of Tuberculosis in Edinburgh to the lowest annual number notified—206 in 1964—there has been a slight increase—221 in 1965 and 224 in 1966. The overall trend, however, in the past few years has been definitely downwards.

There was a decrease in the level of naturally positive 13 year old school children to the Heaf tuberculin skin test from 10·6 per cent. in 1965 (those born in 1951) to 9·4 per cent. in 1966 (those born in 1952). The lowest ever recorded was 9·2 per cent. in 1964 (those born in 1950). The present level reflects the increasing efficiency in the control of tuberculosis.

**Percentage of Positive Reactors in 14 year old School Children
Vaccinated in years 1954-1966**



There were 14 deaths in Edinburgh due to tuberculosis in 1966, a decrease in 4 since the previous year. Ten were due to respiratory disease (9 males and 1 female). The remaining four were due to non-respiratory tuberculosis (3 males and 1 female).

Close co-operation continues between the medical officers, health visitors and clerical staff of the department and their colleagues at the Royal Victoria Dispensary.

During 1966 compulsory powers were used to detain in hospital three patients (two males and one female) suffering from pulmonary tuberculosis the sputum in each case being positive for acid fast bacilli.

These three people were homeless and could not be provided on leaving hospital with lodgings or accommodation in which proper precautions could be taken to prevent the spreading of the disease.

As these patients decided to leave hospital against the advice of the physicians, a Sheriff's Order was obtained for each under Section 55 of the

Public Health (Scotland) Act 1897 for his or her detention in hospital for a period of 3 months. In one case (a male patient) the Order was renewed for a further 3 months.

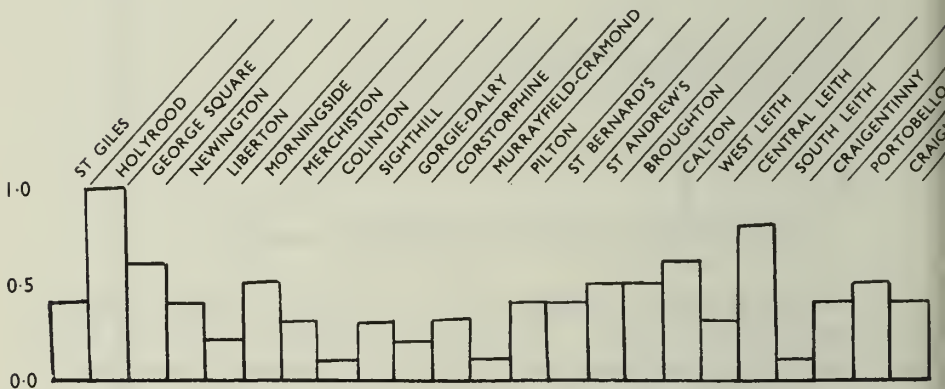
Respiratory Tuberculosis

There were 187 new cases of respiratory tuberculosis notified in 1966, an increase of 3 compared with the previous year, there being 122 males (108 in 1965) and 65 females (76 in 1965). The highest incidence in males was in the 45-54, 55-64 and 65 years and over age groups, the total (82) in these sections accounting for 67 per cent. of the male notifications. In the previous year the highest male incidence was in the 65 years and over group. The numbers of females notified were highest in the 15-24 and 65 and over age groups.

There were 10 deaths from pulmonary tuberculosis compared with 14 the previous year. All were over 50 years of age except one male of 36 years.

The number of persons on the respiratory tuberculosis register at 31st December 1966 was 3,199 (1,775 males and 1,424 females), a decrease of 250 from the corresponding figure for the previous year which was 3,449 (1,922 males and 1,527 females).

The diagram below shows the pulmonary tuberculosis notification rate per 1,000 of the population by municipal ward.



Non-Respiratory Tuberculosis

The number notified was the same as in 1965, namely 37. In 1966 there were 15 males and 22 females, the corresponding figures for 1965 being 12 males and 25 females respectively. The site most frequently involved was lymphatic glands (17 cases; 17 cases also in 1965). There were 10 genito-urinary cases (14 in 1965).

Four deaths were associated with non-respiratory tuberculosis. In 1965 there were also 4 deaths.

In 1966 there were 502 persons (204 males and 298 females) on the register for non-respiratory tuberculosis, whereas in 1965 the number was 509 (201 males and 308 females), a decrease of 7 since 1965.

Hospital Admissions

Of the 224 notifications, 163 (73 per cent.) were admitted to hospital for treatment.

Health Visiting

During 1966 health visitors paid 3,865 visits to 958 cases on the tuberculosis register and 2,135 visits to contacts and non-notified cases.

B.C.G. Vaccination

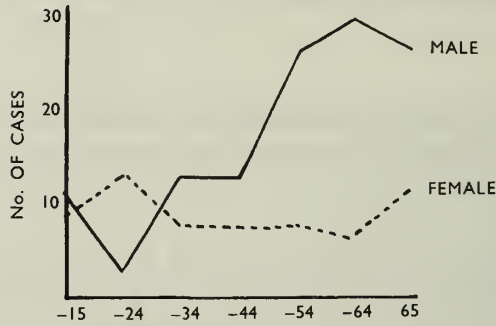
B.C.G. vaccination is still limited to three classes of persons, namely contacts, school-leavers and others at special risk such as nurses and medical students. During the year 11,544 were tuberculin tested (13,730 in 1965) and of this number 5,053 were found to be negative (5,911 in 1965). The number vaccinated was 4,955 (5,717 in 1965). The following table gives details in the form rendered to the Scottish Home and Health Department:—

CATEGORY	TUBERCULIN TESTED		NEGATIVE REACTORS		VACCINATED DURING 1966	
	Male	Female	Male	Female	Male	Female
Nurses	3,237	2,207	185	262	157	238
Students (All Groups)	635	612	246	222	221	237
Contacts	2,363	2,345	2,065	2,060	2,049	2,043
School-leavers	39	106	3	10	2	8
Others						
Totals	6,274	5,270	2,499	2,554	2,429	2,526
	11,544		5,053		4,955	

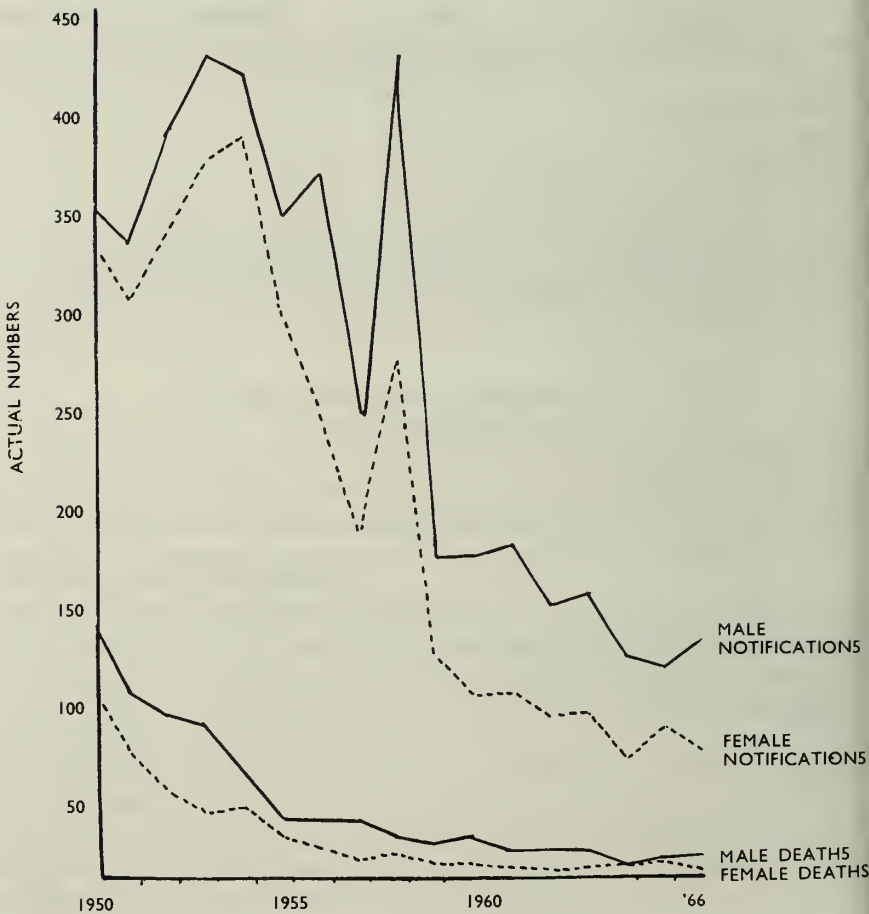
Notifications and Deaths—1966 In Age-Groups and Sex

AGE-GROUPS	NOTIFICATIONS				DEATHS			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 15 years	11	9	1	—	—	—	—	—
15-24 years	3	13	4	1	—	—	—	—
25-34 „	13	8	4	6	—	—	—	—
35-44 „	13	8	4	5	1	—	1	—
45-54 „	26	8	1	4	—	1	—	—
55-64 „	29	7	—	2	3	—	1	—
65 and over	27	12	1	4	5	—	1	1
Totals	122	65	15	22	9	1	3	1
	187		37		10		4	

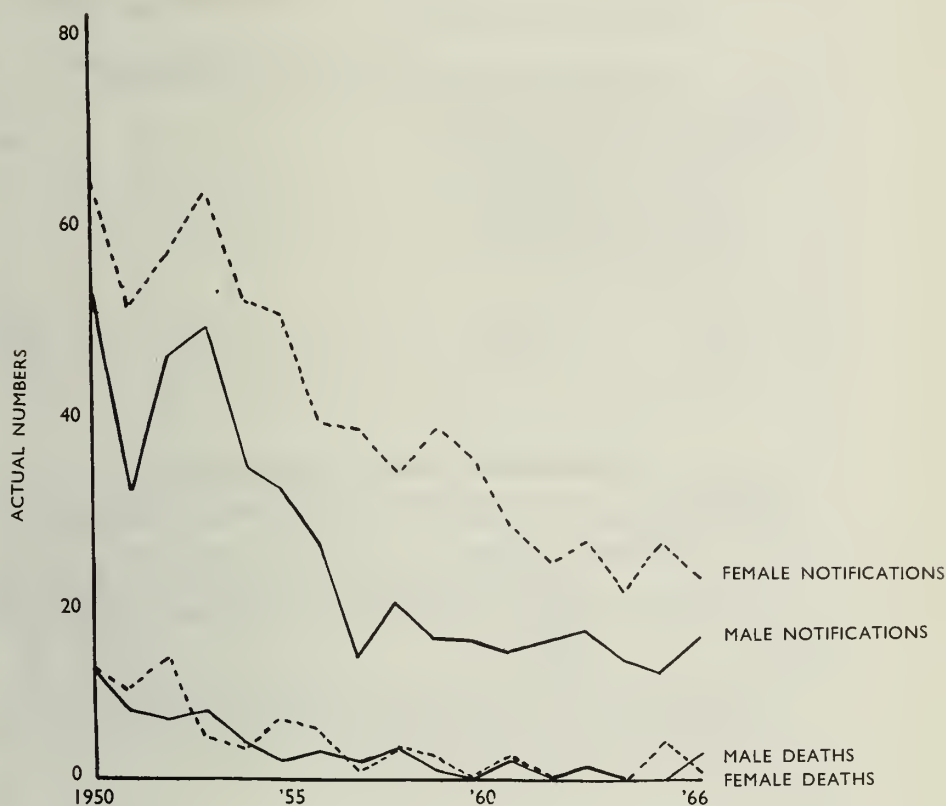
Pulmonary Tuberculosis Notifications—1966 In Age-Groups and Sex



Pulmonary Tuberculosis Notifications and Deaths 1950-1966



Non-Pulmonary Tuberculosis Notifications and Deaths **1950-1966**



Number of Persons in the City at 31st December 1966, who were known to be suffering from Tuberculosis

	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 and over	Totals
RESPIRATORY								
Males	116	147	256	347	353	364	192	1,775
Females	105	161	341	383	224	132	78	1,424
Total	221	308	597	730	577	496	270	3,199
NON-RESPIRATORY								
Males	13	47	50	37	23	22	12	204
Females	13	36	73	59	41	33	43	298
Total	26	83	123	96	64	55	55	502

Deaths from Tuberculosis

(Showing the period elapsing between notification or intimation and death)

	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
Number of persons who died from tuberculosis:—				
Not notified or notified only at or after death	2	1	1	1
Notified less than 1 month before death	1	—	—	—
„ from 1 to 3 months before death	—	—	—	—
„ from 3 to 6 months before death	1	—	—	—
„ from 6 to 12 months before death	1	—	—	—
„ from 1 to 2 years before death	—	—	—	—
„ over 2 years before death... ..	4	—	2	1
Totals	9	1	3	1

NON-RESPIRATORY TUBERCULOSIS

The following is a record of notifications and deaths by sites since 1957.

Year	Glands		Abdomen		Meninges and Central Nervous System		Lupus		Genito-Urinary		Spine		Other Bones and Joints		General Tuberculosis etc.		Total (All Non-Pulmonary Forms)		Rates per 100,000 of Population	
	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Cases Notified	Deaths	Incidence Rate	Death Rate
1957	19	1	4	1	—	1	—	—	10	—	4	—	6	—	7	—	50	3	11	1
1958	23	—	3	—	2	1	1	—	11	2	3	2	5	—	4	1	52	6	11	1
1959	25	—	2	2	—	1	—	—	10	—	—	—	9	—	6	—	52	3	11	0.6
1960	15	—	3	—	2	—	1	—	15	—	—	—	4	—	9	—	49	—	10	—
1961	18	—	6	1	1	—	—	—	9	1	—	1	1	—	6	1	41	4	9	0.6
1962	17	—	2	—	1	—	—	—	12	—	—	—	4	1	2	—	38	—	8	—
1963	12	1	3	—	1	—	—	—	15	—	—	—	5	—	5	—	41	1	9	0.2
1964	18	—	3	—	2	—	—	—	8	—	—	—	1	—	1	—	33	—	7	—
1965	17	—	—	—	1	—	—	—	14	—	—	—	1	—	4	—	37	—	—	—
1966	17	—	3	—	2	1	—	—	10	3	—	—	4	—	1	—	37	4	8	0.8

DEPARTMENT OF VENEREAL DISEASES

REPORT BY THE PHYSICIAN-IN-CHARGE

Statistics

	NEW CASES 1964			NEW CASES 1965			NEW CASES 1966		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Syphilis	47	29	76	49	22	71	43	23	66
Gonorrhoea	286	146	432	290	151	441	302	151	453
Non-specific	648	701	1,349	724	1,060	1,784	732	1,074	1,806
Non-venereal	524	503	1,027	480	328	808	419	277	696
TOTALS	1,505	1,379	2,884	1,543	1,561	3,104	1,496	1,525	3,021

The points of note in Table I are:

- A decrease of 83 in the number of patients (47 males, 36 females).
- Syphilis approximately the same (— 6 males, + 1 female).
- Gonorrhoea almost identical (+ 12 males).
- Non-specific venereal conditions slightly increased (+ 8 males, + 14 females).
- The decrease in total figures is in non-venereal cases, 112 (— 61 males, — 51 females).

Syphilis

A total of 66 new cases were diagnosed of which 27 were early contagious cases. There is nothing significant in the age groups, the sex ratio was 20 males : 7 females. The source of disease was mainly in Britain, but a few were imports from abroad. A disturbing and unusual feature was a small number from the Border counties, the source of which was not detected. One man contracted syphilis twice—once from a hotel employee who also infected another man, and the second time from his wife. He had previously denied being married. Only one case of early syphilis was contracted homosexually—this man's wife was not infected. While every effort is made to trace and secure the examination of all possible "contact cases" it is often impossible to arrange this. For example our medical colleagues in Newcastle recognised the details of a "contact" submitted by us to them as being one of their former patients but she steadfastly refused examination by any doctor. In other cases it is obviously quite impossible to secure an effective follow up—for example of a night club hostess in Ethiopia or a prostitute in Barcelona.

Congenital syphilis was diagnosed in eight persons in the following age groups:—

15-19	...	...	one
20-24	...	...	three
45 upwards	...	...	four

Clearly there has been no failure of ante-natal testing and treatment. Age groups of early syphilis were not significant:

	Age	15-19	20-24	25-34	35-44	45+
Male	...	1	5	8	5	1
Female	...	3	—	4	—	—

Gonorrhoea

The incidence is unchanged. The sex ratio is approximately 2 males to 1 female, but in the 15-19 year old group the females outnumber the males (2:1). There is no "teenage venereal problem" in Edinburgh.

It is of interest that there were three cases of gonorrhoea in very young girls, one aged three and two sisters age 9 and 11 respectively. No source of these infections could be detected though in the schoolgirls it was stated that the school lavatories were often in a dirty state as members of the public tended to use them at night. These girls presented some difficulty in cure but they had no psychological trauma, but rather the reverse. They enjoyed their sojourn in hospital and they developed an aspiration to train as nurses.

Six cases of gonococcal ophthalmia neonatorum were diagnosed and treated—a further reminder that constant vigilance in ante-natal clinics and maternity hospitals is required. We always admit mother and baby to hospital for a few days. The results of treatment are excellent. The father of the child, of course, requires investigation and treatment. In all these six families the presence of gonorrhoea in the parents had not been suspected. Gonorrhoea is not infrequently asymptomatic or a small amount of an antibiotic induces a carrier state.

Special efforts to trace contact cases of gonorrhoea in males were made and I am indebted to Dr D. H. H. Robertson for the table below.

Results of Contact Tracing N. Gonorrhoea Infections R.I.E. (1966)

MALES

No. of cases	No. of Primary contacts						No. of secondary contacts	
247	267						42	
	Unknown primary contacts 134 (50%)			Known primary contacts 133 (50%)			Wife 39	Not a wife 3
	Edinburgh	U.K.	Abroad	Edinburgh	U.K.	Abroad		
	73 (54%)	44 (33%)	17 (13%)	114 (86%)	19 (14%)	0 (0%)		
	0 Traced 0 Attended			108 (81%) Traced 94 (70%) Attended			41 (98%) Traced 39 (93%) Attended	

Of 247 male patients with gonorrhoea 267 female contacts were acknowledged; of these 50 per cent. were unknown (134 individuals of whom 54 per cent. were in Edinburgh, 33 per cent. in the U.K. and 17 per cent. abroad) and therefore untraceable. This is the major problem of the control of venereal disease, the discovery of the unknown carrier contact.

Of the 267 female contacts 50 per cent. were known. Most of them were in Edinburgh (86 per cent.) and 81 per cent. were seen or otherwise asked to attend and 70 per cent. ultimately attended. Possibly a few more primary contacts might be found.

The tracing and treating of the wife and/or girl friend is a minor problem though individually serious matrimonial and other difficulties require careful management.

Research

Dr D. H. H. Robertson has pursued his studies in the isolation and preservation of *Trichomonas Vaginalis* and has also initiated a histological and virology study of genital warts. These projects are likely to give valuable information.

Other Observations

We have noted in the year that there has been an increase of scabies. While we do not claim this parasitic infestation to be a venereal disease it is contracted not infrequently by sexual "adventures". And when the symptoms and signs are largely confined to the genital area and buttocks the diagnosis is apt to be missed.

The general policy of case finding and detection of sources of multiple infections has been the same as in previous years, but perhaps with greater perseverance of efforts and a greater degree of success. Examples of success are (a) identification and examination of inmates of a brothel, the "madame" having been imprisoned by the police (2) tracing women who went aboard ships in docks for immoral purposes. Seven seamen were infected in one such episode.

Efforts are being made to secure uniformity of methods and standards of laboratory investigations, so that reliable and comparable tests will be used throughout Scotland. A tribute of gratitude is made to the Reference Laboratory at Newcastle who undertake willingly the more elaborate serological tests for syphilis such as the *Treponema* Immobilisation Test, which is not done in any centre in Scotland.

We also have arranged the regular monthly publication of the statistics of venereal disease in the Communicable Diseases Scotland reports.

The clinic staff have taken part in conferences and given lectures and even shared in a broadcast programme in an effort to maintain high standards and assist in prevention of disease.

I conclude by expressing my grateful thanks to all the members of my staff—medical, nursing and clerical who have contributed so much, often in circumstances of great difficulty.

BACTERIOLOGICAL SERVICES

REPORT BY THE BACTERIOLOGIST

The total number of examinations (59,373), though substantially less than in 1965 (74,319) was more than that for 1964 or any earlier year. The difference between 1966 and 1965 was moreover almost entirely accounted for by a reduction in the number of routine sensitivity tests carried out, reflecting in turn the very substantial drop in the numbers of intestinal pathogens isolated.

Specimens submitted for general bacteriological examination by general practitioners continued to increase in number; in 1966 this was mainly accounted for by urines and sputa (8,717 and 641 in 1966, against 7,989 and 445 in 1965).

Dr B. I. Davies has continued with a screening programme for the diagnosis of urinary tract infection in general practice, in conjunction with the University Department of General Practice. In 1966, there were 1,131 urine samples tested by quantitative counting and chemical screening techniques. Significant isolates were tested for sensitivity to sulphonamide and ampicillin by the tube dilution method. It is hoped that some of the results may be published in due course.

The number of **throat and nose swabs** sent in over the last three years has steadily declined (3,565, 3,054 and 2,659) and though no diphtheria bacilli have been isolated, the number of haemolytic streptococci recovered has actually increased (884, 898 and 1,055).

In collaboration with the Public Health Department and two practices in the city, Dr A. M. M. Wilson has taken part in the Whooping Cough Survey at present being carried out in many parts of the U.K. It is hoped that the results will indicate why there is a persisting residuum of infection in the community in spite of the immunisation programmes.

The **specimens examined for pathogenic intestinal bacteria** were considerably fewer than in 1965 (6,460 against 8,819) and the number of pathogens isolated fell to less than half (813 against 1,829).

The commonest cause of diarrhoea was **bacillary dysentery** due to *Sh. sonnei* but there were only 243 new cases (969 in 1965); and no new cases of infection with *Sh. flexneri* or *Sh. boydii* were detected. There were no large outbreaks of *Sh. sonnei* infection but several small ones and many sporadic cases.

Cases of **gastroenteritis due to enteropathogenic Escherichia coli** were rather fewer in 1966 than in recent years but there was a small outbreak in one Children's Home due to Group O-125, which had not been isolated in this laboratory during the preceding five years. 146 cases of **Salmonella infection** were recognised in 1966. Of the species causing **enteric fever** only

S. paratyphi B was isolated. The sources were 3 known carriers and 9 new cases, all but two of the latter being infected with phage type Taunton, the cause of the outbreak in 1963. Of the 134 cases of **food poisoning**, no less than 84 came from a single outbreak. This followed a Christmas (1965) dinner given for the staff of an Edinburgh factory. The organism responsible was *S. enteritidis* var. *jena* and the suspected (but unproven) source was turkey. At the other end of the year, a similar outbreak due to *S. kinshasa* followed another large function at which turkey was served. This will be dealt with in the report for 1967 but these outbreaks emphasise the risks of catering for numbers larger than the kitchen staff are accustomed to, and the particular risk of cooking turkeys the day before the function and then leaving them at room temperature.

The two organisms which caused large outbreaks in earlier years (*S. reading* in 1964 and *S. tennessee* in 1965) were not however isolated from any source in 1966. A number of small incidents, due to a variety of *Salmonella* species and involving only a few people each time, occurred during the year. The substantial number of *S. typhimurium* infections (23) was due, not to a small outbreak, but to a number of small incidents involving 9 different phage types of the organism, five of which were not found in this laboratory in 1965. Phage type 32 which became fairly common in 1965 was isolated only once in 1966.

There was one small incident of food poisoning apparently due to heat-resistant *Clostridium welchii* during the year, but none in which *Staphylococcus pyogenes* could be blamed.

The numbers of cases of intestinal infection due to the different pathogens and their phage-types which have been recorded over the last 6 years are shown on the accompanying tables.

The number of **specimens examined for tubercle bacilli** was only about two-thirds of the number in 1965. One strain of *Myco. tuberculosis* was isolated from a specimen of sputum.

A **number of examinations of food and milk** (and items coming into contact with them) were carried out where they were suspected of being infected. Faecal type *Esch. coli* was found once in "pink elephants" designed to float in drinks. *S. anatum* was twice isolated from dried egg. *Staph. aureus* was isolated twice from food and three times from catering equipment, but its significance was in all cases doubtful.

Evidence of bovine brucellosis was obtained by ring tests and whey agglutination tests on several occasions.

The numbers of **serological tests** carried out were similar to those last year and do not show any significant change in pattern of disease.

The number of specimens submitted for virological examination (421) was about the same as in 1965. In an investigation of the differential diagnosis of primary herpetic stomatitis, over 200 sera and 50 swabs were examined and 25 strains of Herpesvirus hominis isolated. An increased number of requests were made for laboratory diagnostic tests including electron-microscopy for variola and varicella. Eight such cases were investigated by Dr Swain; all proved to be negative for the variola virus.

Examinations carried out in the City of Edinburgh for the year 1966

									Positive	Total
1. Specimens for general bacteriological examination:										
Urine	...	...	...	...	...	...	...	...		8,717
Sputum	...	...	...	...	...	...	...	...		445
Pus	...	...	...	...	...	...	...	...		741
Ear swabs	...	...	...	...	...	...	...	...		435
Urethral and vaginal swabs	...	...	...	...	...	...	...	...		403
Clot cultures (Widals)	...	...	...	...	...	...	...	...		246
Cerebrospinal fluid	...	...	...	...	...	...	...	...		2
Blood cultures	...	...	...	...	...	...	...	...		3
Miscellaneous specimens	...	...	...	...	...	...	...	...		3
2. Throat and nose swabs examined:										
for Haemolytic streptococci	...	...	...	...	...	...	...	1,055		2,659
for <i>C. diphtheriae</i>	...	...	...	...	...	...	...	Nil		1,169
for <i>Bordetella pertussis</i>	...	...	...	...	...	...	...	4		151
for Staphylococci	...	...	...	...	...	...	...	—		99
for Vincent's organisms	...	...	...	...	...	...	...	6		56
3. Specimens examined for intestinal pathogens:										
(a) Stools and Rectal swabs for bacterial pathogens	...	...	...	...	...	...	...	813		6,460
<i>Shigella</i>					New Cases		Isolations			
<i>Sh. sonnei</i>	...	...	...	...	243		340			
<i>Sh. flexneri</i>	...	...	...	...	0		2			
<i>Escherichia coli</i>	...	...	Total		27		39			
O.26	...	...	...	...	1		1			
O.55	...	...	...	...	5		5			
O.111	...	...	...	...	3		6			
O.119	...	...	...	...	1		1			
O.125	...	...	...	...	13		21			
O.126	...	...	...	...	2		2			
O.127	...	...	...	...	1		1			
O.128	...	...	...	...	1		2			
<i>Salmonella</i>	...	...	Total		146		425			
GROUP B										
<i>S. paratyphi B</i>	...	...	...	...	9		27			
<i>S. typhimurium</i>	...	...	...	...	23		77			
<i>S. bredeney</i>	...	...	...	...	4		4			
<i>S. heidelberg</i>	...	...	...	...	3		11			
<i>S. schwarzengrund</i>	...	...	...	...	2		2			
<i>S. budapest</i>	...	...	...	...	1		1			
GROUP C										
<i>S. montevideo</i>	...	...	...	...	4		9			
<i>S. blockley</i>	...	...	...	...	2		2			
<i>S. aba</i>	...	...	...	...	2		2			
<i>S. braenderup</i>	...	...	...	...	1		1			
<i>S. muenchen</i>	...	...	...	...	1		1			
GROUP D										
<i>S. enteritidis</i>	...	...	...	...	84		204			
<i>S. panama</i>	...	...	...	...	3		5			
<i>S. javiana</i>	...	...	...	...	2		2			
GROUP E										
<i>S. anatum</i>	...	...	...	...	3		5			
<i>S. kinshasa</i>	...	...	...	...	2		2			
Reisolates from above cases identified only as far as the Group							70			
<i>Clostridium welchii</i>	...	...	...	...	6		6			
<i>Staphylococcus aureus</i>	...	...	...	...	1		1			
Carry Forward	...	...	...	...						21,589

	Brought Forward	Positive	Total
			21,589
(b) Moore's Sewer swabs for bacterial pathogens		Nil	18
(c) Urine for Salmonellae		4 (<i>S. paratyphi B</i> , <i>S. typhimurium</i>)	16
(d) Stools for protozoa and helminths		8	69
4. Special Tests:			
Staphylococcal coagulase tests		396	563
Antibiotic sensitivity tests—Routine			32,251
Extended			290
by tube dilution method			482
Quantitative bacterial counts on urine specimens			1,131
5. Specimens examined for Mycobacterium tuberculosis:			
by microscopical examination of concentrated specimen—			
Sputum		Nil	66
Urine		Nil	41
Pus, pleural fluid, etc.		Nil	7
by culture—			
Sputum		1	60
Urine		Nil	40
Pus, pleural fluid, etc.		Nil	5
by animal inoculation—			
Urine		Nil	29
6. Specimens examined for other pathogens:			
Fungi		—	18
Leptospirae		Nil	2
7. Food, Milk, Water, etc., examined for pathogenic bacteria:			
Food		2 (<i>Staph. aureus</i>)	106
Egg (various kinds)		2 (<i>S. anatum</i>)	166
Catering equipment		3 (<i>Staph. aureus</i>)	45
Water (contained in "pink elephants" made to float in drinks)		1 (<i>Faecal Esch. coli</i>)	
Milk examined for evidence of Brucellosis—			
by Brucella ring test		3	11
by Whey agglutination tests		3	6
8. Serological Examinations:			
Widal tests (including agglutination tests for <i>Br. abortus</i>)			246
Paul Bunnell test		84	372
Serological tests for syphilis—			
Syphilis Flocculation Reaction		19	751
Wassermann Reaction (including one specimen of C.S.F.)		Nil	223
Kahn verification test		2	186
Complement fixation tests for gonococcal infection		Nil	77
Agglutination tests for Leptospirae			
<i>L. icterohaemorrhagiae</i>			10
<i>L. canicola</i>			10
other serotypes			66
9. Virological Examinations:			
Serum specimens examined by complement fixation tests			310
Materials for virus isolation—Swabs			83
Faeces			26
Tissues			2
Viruses isolated—Herpes Simplex		25	
Adenovirus type 2		1	

INTESTINAL INFECTIONS (CASES)

				1961	1962	1963	1964	1965	1966
<i>Shigella</i>	...	...	Total	676	660	1,158	541	975	243
<i>Sh. sonnei</i>	...	...		674	660	1,152	539	969	243
<i>Sh. flexneri</i>	...	...		2	—	6	2	4	—
<i>Sh. boydii</i>	...	...		—	—	—	—	2	—
Enteropathogenic									
<i>Escherichia Coli</i>	...	...	Total	27	64	54	36	46	27
O.26	...	...	...	6	13	23	17	12	1
O.55	...	...	...	3	12	3	9	8	5
O.111	...	...	...	4	22	8	5	12	3
O.119	...	...	...	1	—	6	1	1	1
O.125	...	...	...	—	—	—	—	—	13
O.126	...	...	...	—	—	—	—	—	2
O.127	...	...	...	2	7	9	3	6	1
O.128	...	...	...	11	10	5	1	7	1
<i>Salmonella</i>	...	...	Total	88	40	182	95	87	146
<i>S. typhimurium</i>	...	...		48	12	53	24	29	23
<i>S. paratyphi B</i>	...	...		33	16	112	12	—	9
<i>S. enteritidis</i>	...	...		5	—	2	—	4	84
<i>S. typhi</i>	...	...	...	1	1	1	—	1 (urine)	—
<i>S. bredeney</i>	...	...	...	—	5	—	—	—	4
<i>S. infantis</i>	...	...	...	—	3	2	1	—	—
<i>S. melagridis</i>	...	...	...	—	1	—	—	—	—
<i>S. oranienberg</i>	...	...	...	—	—	2	—	—	—
<i>S. panama</i>	...	...	...	1	2	—	—	—	3
<i>S. glostrup</i>	...	...	...	—	—	3	—	—	—
<i>S. senftenberg</i>	...	...	...	—	—	1	—	1	—
<i>S. westhampton</i>	...	...	...	—	—	1	—	—	—
<i>S. thompson</i>	...	...	...	—	—	1	1	—	—
<i>S. reading</i>	...	...	...	—	—	1	46	—	—
<i>S. derby</i>	...	...	...	—	—	1	—	1	—
<i>S. cubana</i>	—	—	—	—	—	1	—	—	—
<i>S. schwarzengrund</i>	...	...	...	—	—	1	—	—	2
<i>S. bareilly</i>	...	...	...	—	—	—	2	2	—
<i>S. tennessee</i>	...	...	...	—	—	—	4	41	—
<i>S. dublin</i>	...	...	...	—	—	—	2	—	—
<i>S. brandenburg</i>	...	...	...	—	—	—	2	3	—
<i>S. congo</i>	...	...	...	—	—	—	1	—	—
<i>S. budapest</i>	...	...	...	—	—	—	—	1	1
<i>S. saint paul</i>	...	...	...	—	—	—	—	1	—
<i>S. anatum</i>	...	...	...	—	—	—	—	1	3
<i>S. hessarek</i>	...	...	...	—	—	—	—	1	—
Group C	...	...	...	—	—	—	—	1	—
<i>S. heidelberg</i>	...	...	...	—	—	—	—	—	3
<i>S. montevideo</i>	...	...	...	—	—	—	—	—	4
<i>S. javiana</i>	...	...	...	—	—	—	—	—	2
<i>S. muenchen</i>	...	...	...	—	—	—	—	—	1
<i>S. blockley</i>	...	...	...	—	—	—	—	—	2
<i>S. braenderup</i>	...	...	...	—	—	—	—	—	1
<i>S. aba</i>	...	...	...	—	—	—	—	—	2
<i>S. kinshasa</i>	...	...	...	—	—	—	—	—	2

PHAGE TYPING RESULTS
OF SALMONELLAE RECEIVED IN 1965-1966

SALMONELLA SPECIES	PHAGE TYPE	1965	1966
<i>S. typhi</i>	F1	1	—
<i>S. paratyphi A</i>	1	— (1 old case)	—
<i>S. paratyphi B</i>	1	— (1 old case)	—
	1a	—	1
	Taunton	—	7 (and 1 old case)
	Beccles var. 6	—	1
<i>S. typhimurium</i>	Untypable	1	—
	1 var. 5	1	4
	4	1	—
	9	4	—
	24	3	—
	32	19	1
	U.20	1	3
	U.149	1	—
	U.205	1	—
	1	—	5
	14	—	1
	20	—	5
	U.75	—	1
	U.221	—	2
	U.233	—	1

IMMUNISATION AND VACCINATION

No change was made during the year in the procedure for immunisation of infants and triple antigen and oral type poliomyelitis vaccine were normally used at clinics and by general practitioners. The following tables give details of the number of persons immunised or vaccinated and the percentages immunised at clinics, schools and by general practitioners respectively.

Diphtheria Immunisation—Progress Table 1962-1966

AGE	1962	1963	1964	1965	1966	
Under 1 year ...	2,316	2,737	2,894	2,816	2,622	Number of Notified immunisations of children under 5 years of age:— 29,445 <i>i.e.</i> , 71 per cent. of the pre-school population. The comparative percentages for the years 1962-1966 are:— 1962 73 per cent. 1963 67 " " 1964 73 " " 1965 75 " " 1966 71 " "
1 year ...	4,906	3,692	3,648	3,471	3,130	
2 years ...	711	361	656	321	609	
3 years ...	252	147	201	145	232	
4 years ...	139	95	95	85	156	
5 years ...	378	204	159	170	207	
6 years and over ...	931	738	694	714	927	
TOTAL ...	9,633	7,974	8,347	7,722	7,883	

Percentage of Immunisations and Vaccinations Performed

Protection Against	At Clinics	At Schools	By General Practitioners
Smallpox (Primary) ...	39	—	61
(Re-Vaccination) ...	1	—	99
Diphtheria, (Primary) ...	44	12	44
Whooping cough and Tetanus (Re-inforcing) ...	19	64	17
Poliomyelitis (Primary and Re-inforcing) ...	35	18	47

Analysis of Primary and Re-Vaccinations and Immunisations carried out in 1966

YEAR OF BIRTH	SMALLPOX						TRIPLE ANTIGEN		DIPHTHERIA AND TETANUS		DIPHTHERIA ONLY		WHOOPING COUGH ONLY		TETANUS ONLY	
	"Takes"		"No Takes"		Not Examined											
	Primary	Re-Vacc.	Primary	Re-Vacc	Primary	Re-Vacc.	Primary	Boost.	Primary	Boost.	Primary	Boost.	Primary	Boost.	Primary	Boost.
1966	306	—	29	—	21	—	2,599	28	23	—	—	—	—	—	1	—
1965	2,721	9	101	1	83	2	3,123	1,299	7	62	—	—	—	—	—	—
1964	1,442	16	73	3	43	5	599	2,134	10	81	—	—	—	—	—	—
1963	315	23	35	4	15	1	202	325	30	28	—	—	—	—	—	4
1962	126	45	4	5	3	10	118	138	36	59	—	—	—	—	—	1
1961	49	44	7	9	3	9	63	268	127	1,943	17	617	—	—	1	2
1960	14	51	1	8	3	13	18	130	481	1,161	36	932	—	—	2	1
1959	17	45	1	11	2	16	4	37	196	140	7	130	—	—	3	4
1958	7	43	—	4	2	8	3	16	44	39	6	37	—	—	1	1
1957 or earlier	646	6,930	25	728	69	1,591	16	97	100	408	16	4,338	—	—	78	43
TOTAL	5,643	7,206	276	773	244	1,655	6,745	4,472	1,054	3,921	84	6,067	—	—	86	56

Poliomyelitis Vaccination—1966

	PRIMARY VACCINATION			RE-INFORCING VACCINATION
	1st Dose	2nd Dose	3rd Dose	1st Dose
Children born 1966	1,902	1,645	1,465	23
" " 1965	4,279	4,162	4,187	217
" " 1964	746	677	677	348
" " 1963	408	379	373	161
" " 1962	302	292	265	166
" " 1961	142	125	142	526
Children and Young Persons born 1943-60...	1,086	925	928	5,542
Persons born 1933-42	362	314	295	154
Persons born before 1933	249	211	190	112
TOTAL	9,476	8,730	8,522	7,249
Number Immunised (all priority groups) at:—				
(a) Child Welfare Centres (29)	4,169	3,674	3,519	167
(b) Vaccination Centre, Johnston Terrace	160	82	46	79
(c) Schools	659	530	521	4,518
(d) By General Practitioners	4,488	4,444	4,436	2,485
TOTAL	9,476	8,730	8,522	7,249

Total Doses: 33,977.

PERSONS PROCEEDING OVERSEAS

Because of the occurrence of variola minor in the Midlands of England during the spring and summer, several European countries required visitors from the United Kingdom to possess valid international certificates of vaccination against smallpox and in consequence the Saturday morning immunisation clinics had to cater for large numbers of intending travellers. On a few occasions 500-700 were vaccinated per session. For several weeks, too, it was found necessary to hold vaccination clinics on Wednesday afternoons.

The following protective injections or vaccinations were given to approximately 11,000 persons going abroad.

	No. of inoculations or vaccinations
Smallpox	10,377
Cholera	1,227
Typhoid and Paratyphoid	2,090
Tetanus	143
Typhus	21
Others	91
Yellow Fever	1,524
	15,473

INFLUENZA IMMUNISATION

Anti-influenza immunisation was offered to members of the staff, a good proportion of whom agreed to this being carried out.

PORT HEALTH SUPERVISION

Medical inspection of aliens (long and short-stay immigrants) entering the United Kingdom through the Port of Leith continues in co-operation with the immigration authorities. All such aliens referred to the port medical officer are supplied with a multilingual card giving instructions on medical care while in this country. The Medical Officer of Health of the various areas in which the aliens intend to reside are notified in each case.

Few ships from infected ports required to be boarded. In all cases Maritime Declarations of Health were satisfactory and the days of arrival at Leith were outwith the incubation period of the relevant infections.

No visit to Turnhouse Airport was required during the year.

SECTION VI

SANITARY SERVICES

SANITARY DEPARTMENT,
PUBLIC HEALTH CHAMBERS,
JOHNSTON TERRACE,
EDINBURGH, 1.

To

The Corporation of the City of Edinburgh.

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have much pleasure in presenting for your information the Annual Report of the Sanitary Department for the year 1966.

The work of the Department continues to grow and the field of general sanitation and environmental hygiene broadens year by year as each new piece of public health legislation arrives on the operational scene.

It has been said in public health circles that the "sanitary era" is now ending. This may be true if we contrast the general environment and health of the citizens today with the squalor and widespread ill-health of the 1860's. Certainly sanitary administration in Edinburgh has expanded from a law-enforcing agency into a department where advisory services operate for the benefit of the individual and the community. The public are making increasing use of the advice available in food hygiene, on problems of smoke control and atmospheric pollution, noise reduction, to mention only a few, while for some time now the Department's special knowledge of unfit or sub-standard properties has been readily available to prospective purchasers of old houses. At the same time it is perhaps timely to be reminded by the recently published Cullingworth Report on Scotland's Older Houses that much has yet to be done to improve the housing conditions of many of our citizens.

During the year a considerable amount of useful work has been carried out, the details of which are written into the subsequent pages of this report. There is no doubt that the continuing shortage of qualified staff is having an adverse effect on the full range of duties under my control. In the year under review one inspector has left for another post but two apprentice inspectors were successful in the examinations of the Royal Sanitary Association of Scotland. The number of vacancies of qualified inspectors at the end of the year amounted to 11 or just over 30 per cent. of establishment.

HOUSING

Clearance Areas

Confirmation was received during the year in respect of the Main Street etc. Newhaven, Freer Street etc., Bangor Road etc. and Dr Begg's Buildings Areas. In the Bangor Road etc. Area, objections, which had previously been lodged, were withdrawn thereby obviating the necessity of a Public Enquiry.

In the Bedford Street etc. Area, an owner of premises in Area "B" lodged an objection against the inclusion of his property in the Compulsory Purchase Orders and, as a result, a Public Enquiry was held in July 1966. Confirmation, in respect of the whole area, was received before the end of the year.

Rehousing of families in the Newhaven and Freer Street Areas is in progress and only seven tenants remain to be rehoused in the Bangor Road Area, whilst it is expected that re-housing in the Bedford Street and Dr Begg's Buildings will take place at an early date.

Of the two remaining Areas represented in 1965, viz.:—Canongate and West Richmond Street, objections were lodged by property owners in both Areas. A Public Enquiry in respect of the Canongate etc. Area was held in November 1966 and confirmation has not yet been received. In the West Richmond Street Area numerous objections were lodged and it is anticipated that a Public Enquiry will follow.

Official Representations were submitted to the Housing Committee in respect of the following Clearance Areas:—

1. Newport Street, etc., containing 60 houses with a population of 91 persons.
2. Lauriston Place containing 61 houses with a population of 90 persons.
3. Dumbiedykes Road containing 76 houses with a population of 182 persons.
4. Bristo Street etc. containing 191 houses with a population of 270 persons.

Comprehensive Development Areas

Official Representations in terms of the Housing (Declaration of Unfitness) (Scotland) Regulations, 1960, were made to the Housing Committee for the following Areas:—

1. St Leonard's (Arthur Street etc.) Comprehensive Development Area E containing 241 houses with a population of 641 persons.
2. St James Square (Leith Street etc.) Comprehensive Development Area M containing 32 houses with a population of 49 persons.
3. Citadel and Central Leith (Kirkgate 1st Section) Comprehensive Area L containing 14 houses with a population of 35 persons.

Confirmation was received for Area K and Area M of the St James Square Comprehensive Development Area and for Area L of the Citadel and Central Leith Comprehensive Development Area.

Rehousing of families in Areas F, G, H, and J of the St James Square Comprehensive Development Area has been almost completed and all the tenants in Area K of the Citadel and Central Leith Comprehensive Development Area have been rehoused.

Housing (Scotland) Acts, 1919-1930

<i>No. of Houses dealt with</i>	<i>Population</i>
5,344	17,083

Housing (Scotland) Acts, 1950-64

<i>Scheme</i>	<i>No. of Houses dealt with</i>	<i>Population</i>
Burns Street, Leith, 1952	88	297
Calton Road, 1953	72	208
Spey Street, 1956	93	204
Carnegie Street etc., 1959	419	1,111
Greenside Row etc., 1959	256	571
Canonmills, 1959	35	79
West Cromwell Street etc., 1961	64	158
Broughton Court, 1961	20	46
Dean Street, 1962	10	20
Montrose Terrace, 1962	20	55
Wilkie Place etc., 1962	363	915
West Nicolson Street etc., 1962	58	117
Tennant Street etc., 1963	166	354
India Place etc., 1963	484	1,065
Baltic Street, 1964	29	91
Jamaica Street etc., 1964	275	577
Eastfield (Joppa) etc., 1964	7	17
Holyrood Road, 1964	28	71
Main Street etc., Newhaven, 1965	259	522
Freer Street etc., 1965	190	508
Bangor Road etc., 1965	35	102
Dr Begg's Buildings, 1965	106	299
Bedford Street etc., 1965	274	623
Totals	3,351	8,010
Grand Total since 1923	8,695	25,093

**Town and Country Planning (Scotland) Acts 1947-1959
and the Housing (Declaration of Unfitness)
(Scotland) Regulations 1948 and 1960**

<i>Scheme</i>	<i>No. of Houses dealt with</i>	<i>Population</i>
St Leonard's (Dumbiedykes) Comprehensive Development Area, 1955	151 (unfit houses) 55 (not unfit)	546
St Leonard's (Arthur Street, 1st Section) Comprehensive Development Area, 1960	653 (unfit houses) 113 (not unfit)	1,867
Citadel and Central Leith (Kirkgate, 1st Section) Comprehensive Development Area, 1960 Areas A, B, C, D and E	320 (unfit houses) 46 (not unfit)	740
Citadel and Central Leith (Citadel, etc., 1st Section) Comprehensive Development Area, 1960	133 (unfit houses) 66 (not unfit)	350
St Leonard's (Heriot Mount, etc.) Comprehensive Development Area, 1962	75 (unfit houses) 111 (not unfit)	461
St Leonard's (Holyrood Road, etc.) Comprehensive Development Area, 1962	15 (unfit houses) 63 (not unfit)	179
Citadel and Central Leith (Kirkgate, 1st Section) Comprehensive Development Area, 1962 Areas F and H	41 (unfit houses) 13 (not unfit)	151
St James Square (Leith Street, etc.) Comprehensive Development Area, 1963 Areas A, B, C and D	363 (unfit houses) 54 (not unfit)	845
Citadel and Central Leith (Kirkgate, 1st Section) Comprehensive Development Area, 1963 Area J	13 (unfit houses)	67
St James Square (Leith Street, etc.) Comprehensive Development Area, 1963 Areas F, G, H and J	161 (unfit houses) 17 (not unfit)	427
Citadel and Central Leith (Kirkgate, 1st Section) Comprehensive Development Area, 1964 Area K	21 (unfit houses) 23 (not unfit)	115
St James Square (Leith Street, etc.) Comprehensive Development Area, 1965 Areas K and L	20 (unfit houses) 17 (not unfit)	102
St James Square (Leith Street, etc.) Comprehensive Development Area, 1966 Area M	29 (unfit houses) 3 (not unfit)	49
Citadel and Central Leith (Kirkgate, 1st Section) Comprehensive Development Area, 1966 Area L	9 (unfit houses) 5 (not unfit)	35
Totals 	2,590	5,934

Individual Unfit Houses

During the year 347 houses were dealt with in terms of Section 9 of the Housing (Scotland) Acts 1950-64 either by the making of Closing Orders or Demolition Orders.

In addition, the owners of 21 houses gave Voluntary Undertakings that the houses would not be re-let for human habitation in the event of the occupiers obtaining alternative accommodation. Seventeen of these houses were included in Clearance Areas or Comprehensive Development Areas.

Seventy-two unfit houses also were demolished by the City Engineer's Department as ruinous and insecure property.

The House-letting Department rehoused 172 families from unfit houses which were subsequently closed.

The following table shows the number of individual unfit houses dealt with since 1923:—

Housing (Scotland) Acts 1919-1964

				<i>No. of Houses</i>	<i>Population</i>
Housing (Scotland) Acts 1919-30	...	...	...	2,325	7,417
Housing (Scotland) Acts 1950-64	...	...	...	2,025	4,900
	Totals	...	...	4,350	12,317
Voluntary Undertakings from owners	...	...	...	522	39
	Totals	...	...	4,872	12,356

Overcrowding

Certificates relative to overcrowding in dwellinghouses were submitted to the House-letting Department on behalf of 863 applicants for Corporation houses, a decrease of 10 as compared with the previous year. The House-letting Department rehoused 502 families from overcrowded houses or overcrowded sub-let rooms, a decrease of 73 from last year.

Bug Infestation of Houses

During the year the houses and household effects of 8,483 prospective Corporation tenants were examined by the District Inspectors and only one of that number was found to be bug infested.

Housing (Repairs and Rents) (Scotland) Act 1954 and Rent Act 1957

During the year, only one application was received for a certificate of disrepair which, after representation to the Housing Committee, was granted. There were no applications from owners for revocation certificates.

Appendix 15 shows the return of certificates issued by the Local Authority between 30th August 1954 and 31st December 1966.

GENERAL SANITATION

Nuisances and Structural Defects

During the year the total number of structural defects and nuisances dealt with was 5,095. Of that number, 1,985 were notified by citizens, 28 were reported by other Corporation Departments, and 3,082 were discovered by the District Inspectors. These nuisances involved the serving of 1,606 notices for their removal.

Common Lodging Houses and House-let-in-Lodgings

Details of lodging houses and other houses controlled by the Bye-Laws are given in Appendix 4. Regular inspections of these premises were carried out to ensure that the terms of the Bye-Laws were being observed.

Hairdressers and Barbers

There are 371 premises registered in the city as hairdressers and barbers, which are inspected periodically by District Inspectors with regard to equipment and cleanliness of the shops. Improvements continue to be made as a result of these visits.

Offensive Trades

The offensive trades registered within the City comprise four tanners, one gut scraper, five hide and skin factors, one manure manufacture, two tripe dressers, one glue and size maker, two fellmongers and two tallow melters, making a total of eighteen. Inspections showed that the provisions of the Bye-Laws requiring the prevention of offensive effluvia, the inoffensive disposal of obnoxious waste, the lime-washing of walls, the cleansing of floors and utensils and the thorough flushing of drains were being observed.

SWIMMING BATHS

Throughout the year, 271 samples of swimming bath water were taken for chemical and bacteriological examination. Sampling was spread over 26 ponds, including Portobello Pool and a number of school baths. All the swimming baths tested had mechanical filtration and automatic chlorine injectors.

Of the samples taken, 90 were for chemical analysis to determine, by the amount of residual chlorine present the efficiency of the sterilising equipment. A further 44 samples were submitted to ascertain the pH value and general condition of the pond water. The remaining 137 samples were submitted for bacteriological examination.

The results obtained throughout the year were on the whole satisfactory.

Water Sampling

During the year 234 samples of drinking water were submitted for bacteriological examination. As in previous years the bacterial quality was satisfactory. In some instances, however, cleaning of a domestic water cistern was required.

Chemical samples taken during the year were satisfactory.

NOISE ABATEMENT

Complaints of excessive noise from the air-conditioning plant in two new buildings underline the need for care in installing this type of plant if annoyance to neighbouring houses is to be avoided.

It is much easier to deal with noise insulation problems at the planning stage than after the building is completed, but owing to the lack of information available from manufacturers on the noise levels which this type of plant will produce when it is in operation, the architect often prefers to wait until he has definite noise level figures upon which to work.

This is an expensive method for the client and it is often difficult to achieve as satisfactory results as those obtainable at the design stage. Where this type of installation is to be near houses, louvred ventilating openings, lightweight doors and unnecessary windows are obvious sources of noise leakage which should be eliminated before the building is erected, and this would form a useful basis for any further noise reduction required. A noise rating system for the plant itself would also be of great assistance to the architect and planners.

RODENT AND INSECT CONTROL

Rats and Mice

Throughout the year the provisions of the Prevention of Damage by Pests Act 1949 have been systematically carried out. Surveys were made in various districts of the city and entailed inspections of all classes of premises, including piggeries, farms, factories, mills, businesses, etc. Where evidence of infestation was found, the occupier's attention was drawn to the fact and advice given on how to eradicate the vermin and what steps were necessary to rat proof the premises against further infestation. The close co-operation obtained by the Department from the occupiers is shown by the fact that no Statutory Notices were required to be served throughout the year.

The majority of infestations notified to the department were of a minor character and were adequately dealt with by baiting with "Warfarin" Poison. A number of infestations, however, occurred at various building sites throughout the City, due primarily to the practice of workmen in throwing scraps of bread around the huts and surrounding grounds thus

affording a source of food for the vermin. The contractors were advised to place field drains around the various huts as permanent baiting points and provide metal bins with tight fitting lids for waste food.

The use of Warfarin was also recommended for mouse infestations but in a number of instances it appeared that the mice were developing a resistance to this anti-coagulant pesticide. Where this occurred baiting with "Alphakil", a soporific type of pesticide, was carried out with satisfactory results.

The co-operation of the City Engineer's staff was of considerable assistance in having suspected drains investigated and any necessary repair work executed. The baiting of a number of sewer manholes was also carried out during the year.

Following intimation from the Electricity Board that junction boxes showed evidence of rat infestation investigations were made and where necessary poison baits laid down.

Letters were sent to farmers drawing attention to their obligations under the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) (Scotland) Order 1950.

Details of the number of premises visited, complaints and other matters dealt with are shown in Appendix 9.

Cockroaches, Bugs, Fleas, Wasps, etc.

The number of apartments treated for infestations of cockroaches, bugs, fleas, wasps and other insects was 326 compared with 394 in 1965.

Insecticides

The insecticides used during the year were mainly 0.5 per cent. Lindane Water Emulsion and 10 per cent. D.D.T. containing Lindane Powder.

ANTI-FLY CAMPAIGN

The Anti-Fly Campaign was conducted on much the same lines as in previous years. The fly population was low in numbers, due probably to the poor weather conditions throughout the summer months as well as the widespread use of the various Aerosol Fly Sprays by shopkeepers and housewives.

Particular attention was again given to piggeries which must now be considered the main breeding places in the City.

There was a marked improvement in piggeries: many of the Pig-keepers themselves are using insecticides and appear to be taking more care in the handling of swill and the cleanliness of courtyards, etc.

Treatment

Treatment commenced at the beginning of July and continued until the end of September. During that period the number of premises treated was 111.

The insecticides used during the campaign were 0.5 per cent. Lindane Water Emulsion and 5 per cent. D.D.T. and 1 per cent. Lindane Dust. Fly Sprays were also used effectively.

Results

The weather conditions during the summer months were unfavourable for fly breeding on a large scale and this probably accounts for the small number of flies seen in premises.

However it is considered that the work carried out by the Department particularly in the treatment of piggeries and other potential breeding places and the extensive use of insecticides by the general public were also contributory factors.

ATMOSPHERIC POLLUTION

Industrial Smoke

The number of complaints received by the Department in recent years has fallen to a marked degree and would appear to indicate that the factory chimney, as far as smoke nuisance is concerned, is playing its part in the campaign for cleaner air. Despite the lessening smoke content however we must not lose sight of the fact that the gases of combustion which are emitted from the chimney still contribute to the pollution of the atmosphere. A complete solution to this problem is still to be found. Meantime efficient fuel usage combined with maximum dispersal of all flue gases must be the aim from the public health viewpoint.

During the year 201 visits were paid to boiler houses in the city and the number of new applications under Section 3 of the Clean Air Act for permission to install new plant for heating purposes totalled 20.

Chimney Heights

The Department has a considerable interest in the height of new chimneys, which must be built high enough to ensure that the flue gases are adequately dispersed and not allowed to become a nuisance or prejudicial to health. A memorandum on chimney heights issued by the Scottish Development Department gives guidance on this question but other considerations, particularly amenity, involving other Corporation Departments must be taken into account. Where there is a conflict of interests, difficulties can be experienced in arriving at a satisfactory height.

St Margarets Locomotive Works—End of an Era

After years of difficulties from the serious smoke nuisance at this yard, it is gratifying to report that this problem no longer exists.

At the end of the year, only three mobile steam locomotives were being serviced in the workshops. These engines are required at Craigentenny sidings for the preheating of railway carriages. Construction has already started in providing a permanent oil-fired boilerhouse for this particular purpose, and when this work is completed the locomotives will be dispensed with. There is one static steam engine located in the yard which is used for heating adjoining workshops but as the fuel burned is anthracite no nuisance results.

Perhaps the opposition to Meadowbank as a site for the Commonwealth Games may have been partly based on the smoke nuisance at St Margarets. The building of a sports stadium and the elimination of the smoke nuisance should brighten the amenity of this part of the city.

Photographs facing page 155 show the conditions in the yard during the period of the nuisance as compared with the present day position.

Domestic Smoke

The Murrayfield-Cramond No. 1 Smoke Control Order came into force on 1st October 1966. The No. 2 Order, confirmed by the Secretary of State on 8th November 1966 will come into operation late 1967 and preparations are well in hand for the Third and final phase of this municipal ward.

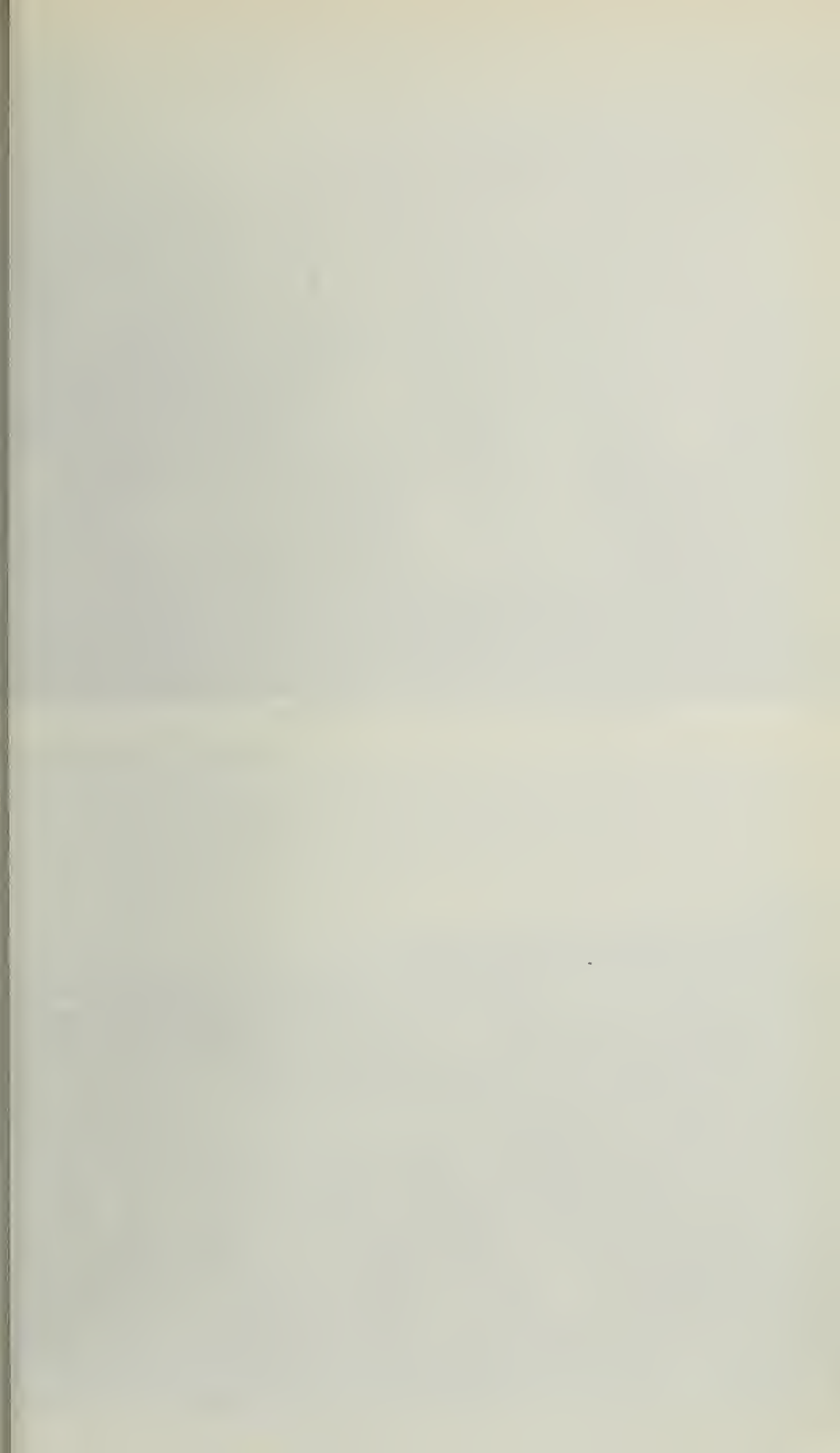
There are now 12 Smoke Control Areas in the city confirmed by the Secretary of State covering an area of 7,334 acres and affecting 24,019 properties.

Public interest has still not been aroused so far as the pollution of the atmosphere by the domestic chimney is concerned. The American Cancer Society, for instance, states that a significant proportion of lung cancer deaths is due to atmospheric pollution. One of the biggest problems facing health officials to-day is trying to convince the public of a health hazard. If the comparative lack of success, despite much propaganda, of the Government's approach to cigarette smoking is considered then there appears little chance of the public concerning themselves seriously with smoky chimneys.

Checks were again made throughout the year in areas subject to Smoke Control Orders. Where smoke was observed from the chimney of any house due to burning bituminous coal, a warning letter was sent to the occupier. Some 87 such warning letters were sent during the year. In 8 cases, following second offences, court action was invoked.

Vehicles

More interest is being taken in the serious problem of exhaust emission from the motor vehicle. The way to reduce such pollution has been the subject of research throughout the countries of the world, where the motor car abounds. The exhaust gases, one of which is carbon monoxide, are emitted at low level and in certain weather conditions heavy concentrations





ST MARGARETS LOCOMOTIVE DEPOT—THE PROBLEM.



ST MARGARETS LOCOMOTIVE DEPOT—THE CURE.

are liable to be built up. As the number of motor cars is still on the increase, this question becomes more important and it is hoped that urgent progress will be made in finding a satisfactory solution.

Air Pollution Measurement:—

Volumetric Meters.—As indicated in the last Annual Report, the seven stations where arrangements were made to measure the daily concentrations of smoke and sulphur dioxide pollution came into operation during the year under review. After initial teething troubles, they are now functioning well and monthly statements are sent to Warren Spring Laboratory, Stevenage, for inclusion in the report of the National Survey. A copy of the results is also sent to the Unit in the City Hospital specialising in chest diseases where there is an interest to compare the admission rates with the level of atmospheric pollution.

The stations are sited at the following points:—

Royston Primary School, Boswall Parkway
 Carrickvale Secondary School, Stenhouse Street West
 Portobello Indoor Baths, Portobello.
 Leith Town Hall, Leith
 Deanbank Lodge, Canaan Lane
 Gilmerton Child Welfare Clinic, Gilmerton
 Public Health Chambers, Johnston Terrace.

A comparison, by graphs, of smoke and sulphur dioxide measurements for the months of June and December from three different stations is given on pages 156 and 157.

Deposit and Lead Peroxide Gauges.—Appendices 5 and 5a give the City Analyst's calculations on results from the other pollution measuring gauges in the city which are located at the Eastern General Hospital, Seafield, Astley-Ainslie Institute, Morningside, Glencorse Reservoir and Robb's Loan, Gorgie. Unfortunately, a feature this year has been the number of acts of vandalism which, despite the relative isolated positions of the sites has necessitated repair and replacement of equipment.

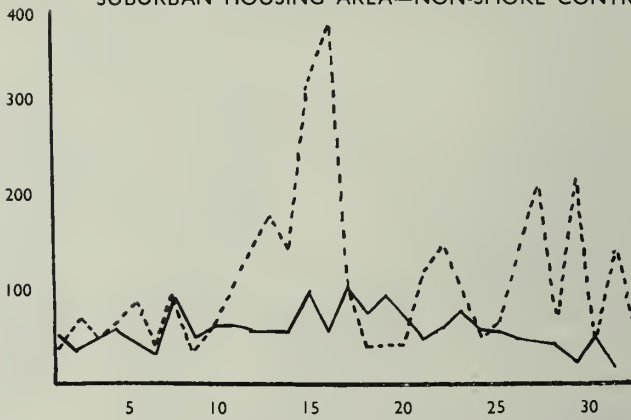
Visits in connection with the supervision of all the recording apparatus totalled 1,452.

Smoke Graphs

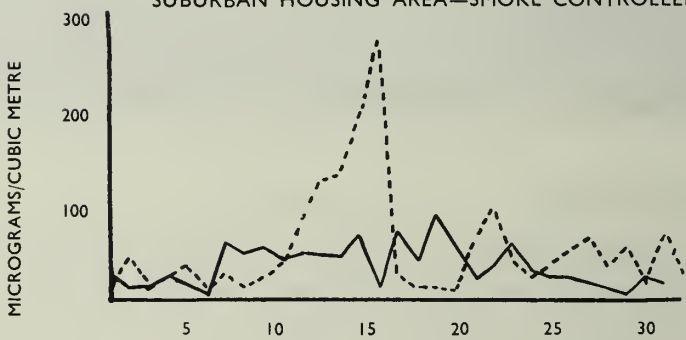
JUNE ———

DEC.

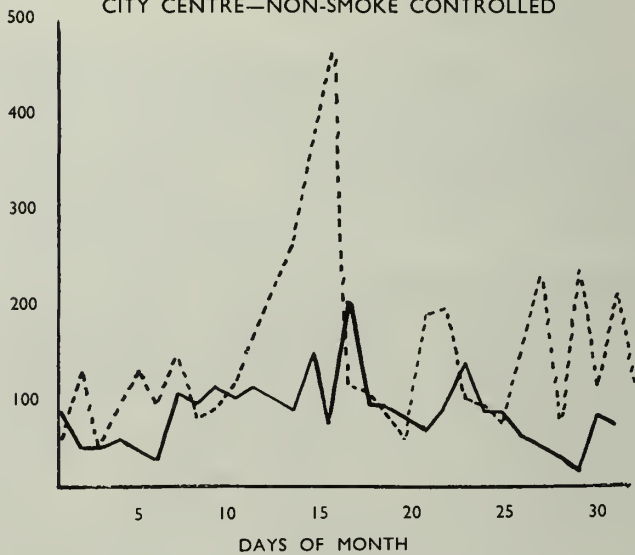
SUBURBAN HOUSING AREA—NON-SMOKE CONTROLLED



SUBURBAN HOUSING AREA—SMOKE CONTROLLED



CITY CENTRE—NON-SMOKE CONTROLLED

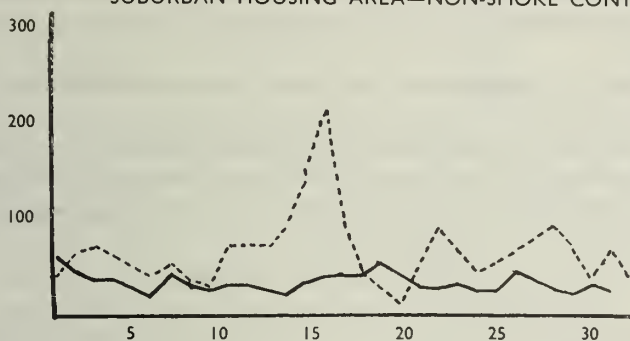
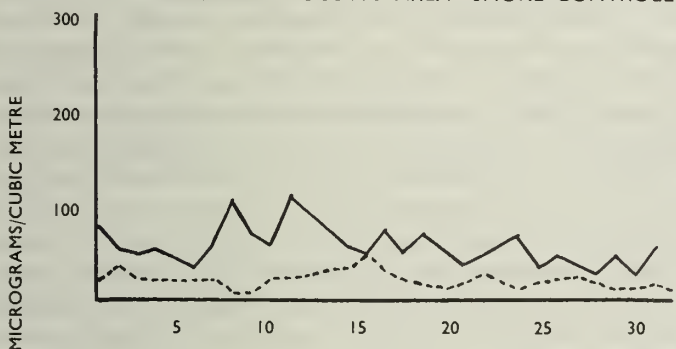
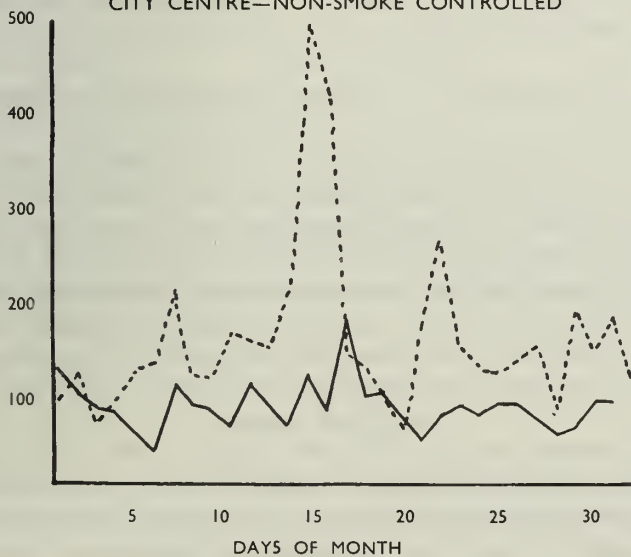


DAYS OF MONTH

S.O.₂ Graphs

JUNE ———

DEC.

SUBURBAN HOUSING AREA—NON-SMOKE CONTROLLED**SUBURBAN HOUSING AREA—SMOKE CONTROLLED****CITY CENTRE—NON-SMOKE CONTROLLED**

FACTORIES ACT 1961

The tabulated statement showing the prescribed particulars on the administration of the Factories Act as required by Section 153(1) is shown at Appendix 6.

A statement of inspections made and defects remedied is shown at Appendix 7.

As recommended by the Ministry of Labour, the list of factories maintained by this Department was compared with the list kept by H.M. District Inspector of Factories as a result of which a few corrections were made.

SHOPS ACT 1950-1965

One event of some significance occurred during the year when a survey or "private poll" was conducted by a well-known firm of retailers among some eleven hundred shop-keepers in the central area of the City to ascertain their wishes as to the abolition of the compulsory closing of shops for a weekly half-holiday. The results of this survey were submitted to the Magistrates with a request that action under Section 1(4) of the Shops Act 1950 be considered. This section empowers a local authority to make an Order exempting shops of any particular class in any area from the provisions of the Act as to half-holiday closing, if satisfied that a majority of the occupiers are in favour of exemption.

After careful consideration of the results of the survey, the Magistrates directed that this Department should, in the words of the Act "take steps to ascertain the wishes" of the shop-keepers. Preparations were begun at the end of the year to allow this further survey by the Department to be carried out early in 1967.

A statement detailing work carried out in connection with the Shops Act is shown at Appendix 8.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The systematic programme of visits to office and shop premises in the City continued during the year. Under the supervision of a Specialist Sanitary Inspector, two Technical Officers carried out the visits during the first nine months of the year, being joined by a third Officer in October. Over 1,500 registered premises received a General Inspection in the course of the year, bringing the total of such Inspections to over 2,800.

A copy of the prescribed Form OSR.14 detailing the statistics for the year ended 31st December 1966 required by the Ministry of Labour is shown at Appendix 8.

Very few premises were found where compliance with the requirements of the Act was complete, although in many cases the contraventions found were of a comparatively minor nature. As in the preceding year, the absence of a copy of the Abstract of the Act and of a thermometer were noted in

the majority of premises. In about 30 per cent. of offices and shops visited a lack of hot water supply for hand-washing and an absence of hand-rails at staircases were found. Insufficient or unsatisfactory sanitary accommodation was discovered in about 20 per cent. of premises while in over 500 places, no satisfactory First Aid Boxes were available.

During the year nearly 150 accidents were reported to the Department in accordance with the Act's requirement that fatal accidents and those causing more than three days incapacity for normal work should be reported by occupiers of premises to which the Act applies. Over 50 per cent. of these accidents involved falls, and as was found in 1965, considerably more women than men suffered injuries from this cause. The only fatal accident reported since the introduction of the Act was the result of a fall on a stair, when a comparatively young man sustained a fractured skull.

Dangerous machines, of which there are twenty specified, have caused injuries to seven persons during the year. Of these, one was a fifteen-year-old boy employed as a part-time grocery assistant who lost part of a finger of his right hand while cleaning that most widely used type of dangerous machine, a meat-slicer. As Section 18 of the Act clearly prohibits the cleaning of any machinery by a young person under eighteen years of age if this causes exposure to risk of injury from a moving part, the case was reported to the Procurator Fiscal and following a plea of Guilty, the firm concerned was fined £15.

Certain of the weaknesses of the Act which have been apparent to those involved in its enforcement were high-lighted by Court decisions in different parts of the country. The necessity for the temperature of 60·8° F. to be maintained in a fruit shop was successfully challenged before an English Magistrates Court, who held that "deterioration of goods" could result from this temperature standard. In another Court a similar decision was given regarding a butcher's shop.

The contentious requirement of the Act that sanitary accommodation should be situated at places "conveniently accessible" to persons employed in the premises was also the subject of a Magistrates decision that such accommodation more than one floor removed upwards or downwards from a work place was not necessarily inconveniently accessible.

While it is probably too soon for amendments to the Act to be expected, it is to be hoped that before long improvements will be made and that clearly stated, enforceable standards worthy of this modern age will replace the several existing vaguely worded and ambiguous provisions which are open to alternative interpretations.

FOOD HYGIENE

During the year under review the drive for better food hygiene in the city was intensified. Inspections were 2,000 more than in 1965 while over 1,200 improvements in food establishments were effected. There is a marked

improvement in methods of displaying foodstuffs and the installation of refrigerated display counters by many traders is welcomed. There appears to be a growing awareness that "Good Hygiene is Good Business".

The Need for Registration

That more citizens are eating out is indicated by the steady increase in the number of snack bars and small restaurants being opened up. While many are satisfactory this trend again emphasises the need for local authority registration of all food premises. It seems somewhat illogical that barbers and pet shop owners are required to be registered by the local authority but food establishments (with the exception of ice-cream and dairy premises) do not require to be so registered. It is not only sanitary inspectors who wish such registration: the Scottish Grocers Federation are on record as urging registration of food shops.

Prosecutions

During the year an Edinburgh grocer was fined £5 for selling a jar of chutney containing a cigarette end. The Food Hygiene Regulations make a definite prohibition on smoking by food handlers but this fact has not yet been appreciated by all food workers.

The dirty condition of premises and equipment in a restaurant-kitchen in the City resulted in the owner's appearance in the Sheriff Court. He was fined £5 on each of five charges of contravening the Food Hygiene Regulations.

A most important aspect of food hygiene is the temperature control of food; warm steamy conditions permit food poisoning bacteria to multiply rapidly. An Edinburgh restaurateur, to whose kitchen an outbreak of *Cl. welchii* food poisoning was traced earlier in the year, failed to comply with a notice requiring him to improve the ventilation of his kitchen. He was eventually fined £15 on this account in the Sheriff Court.

Education

During 1966 two courses in Food Hygiene were held at Napier College during Wednesday evenings. The students included catering officers, chefs grocery managers, hotel proprietors and school meals staff. A very high percentage passed the examination of the Royal Institute of Public Health and Hygiene. A pleasing feature has been the establishing of close contacts between representatives of the food industry and public health staffs.

In addition, talks on food hygiene were given to a number of groups including hospital catering officers, public house trainee managers and catering staffs.

FOOD HYGIENE (SCOTLAND) REGULATIONS 1959

Inspections	...	...	...	...	...	...	...	...	4,857
Contraventions	...	...	...	...	...	...	...	...	1,461
Exemptions Granted	...	...	...	...	...	...	...	...	2
Intimations	...	...	...	...	...	...	...	...	212
Improvements:—									
Personal Hygiene	...	...	...	...	...	...	...	...	46
Wash-hand basins	...	...	...	...	...	...	...	...	162
Sinks	...	...	...	...	...	...	...	...	100
Temperature control of food	...	...	...	...	...	...	...	...	47
Cleanliness of Equipment, etc.	...	...	...	...	...	...	...	...	97
Structural Improvements	...	...	...	...	...	...	...	...	579
Vehicles	...	...	...	...	...	...	...	...	4
Sanitary Conveniences	...	...	...	...	...	...	...	...	233
Total									1,268

FOOD CONTROL

FOREWORD:

The following report shows the wide range of work done by the Food and Drugs Section. In particular it brings out important trends and practices in the food industry. These include:—

1. **Milk Supplies.**—All milk coming into the City for processing is now transported in stainless-steel lined bulk tanks which have completely replaced the 10-gallon can. The transportation of milk into the City has thus evolved from the horse-drawn milk cart via the railway truck and the cans on the open motor lorry—to the bulk milk tanker. Will the next form of transport be the helicopter?
2. **Cream.**—The need for a statutory bacteriological standard for fresh cream is underlined by the report that 14 out of 20 samples of fresh cream gave unsatisfactory bacteriological results.
3. **Canned Food.**—The finding of a high tin content in a tin of tomato puree provides a lesson to caterers (and housewives) not to leave acid foods in the tin after opening. Such products should be transferred to a non-metallic receptacle.
4. **Meat Pies.**—There are recommendations but no legal standard for the amount of meat which should be in a meat pie. Samples taken during the year showed that 17 out of 20 meat pies had a meat content above the minimum recommended by the Food Standards Committee—a reasonably satisfactory position. That the position

was not always so satisfactory is indicated by the 18th Century plea to the Pye Baxters:

“Our Cowgate Council paunches eat,
In them they see there is no cheat
But fill your paste, increase the size
They'll leave the paunches and take pyes.”

SALE OF FOOD AND DRUGS ACTS, Etc.

During the year, 1,439 samples of food and drugs were procured for analysis as to their nature, substance and quality or to ascertain the correctness of the claims on the labels. Of these, 309 were statutory samples, which represented 45 different articles of food and drugs. Mr Peter J. G. Holliday, City Analyst, reported 6 or 1.94 per cent. as failing to comply with the legal requirements.

New Legislation

New legislation which became operative during 1966 included:—

The Salad Cream (Scotland) Regulations, 1966.

The Mineral Hydrocarbon in Food (Scotland) Regulations 1966.

Milk

The number of statutory samples of milk examined was 111 and of these, all but 4 were reported to conform with the requirements of the Sale of Milk Regulations 1901. The average fat and non-fatty solids content of all samples taken, including the adulterated samples, was 3.74 per cent. and 8.69 per cent. respectively, which is much in excess of the presumptive standard of 3.00 per cent. and 8.50 per cent.

Channel Islands Milk

The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations 1958, prescribe a minimum standard of 4 per cent. for the milk-fat content of milk sold under the description of “Jersey”. To ascertain the quantity of milk fat contained therein 60 samples of “Jersey” Premium Milk supplied to creameries from 7 Jersey Herds were submitted for chemical analysis. The City Analyst reported that all the samples contained at least 4 per cent. milk fat. The average fat content of the samples was 4.86 per cent.

School Milk

The milk supplied to the City schools under the Milk-in-Schools scheme is of “Pasteurised” grade. Of 51 samples taken, the average milk fat was 3.62 per cent.

Ice-cream

The number of premises registered under the Ice-cream (Scotland) Regulations 1948 at 31st December 1966 for the manufacture, storage and sale of ice-cream was 213, nine more than last year, while the number of vehicles registered for the sale of the commodity was 204, a decrease of four. The premises were frequently inspected and observations made of the methods of manufacture and handling employed and these were generally found to be satisfactory. Vehicles and stances were also kept under observation during the summer months but more particularly by patrols on Saturday and Sunday afternoons.

There were 121 samples of ice-cream purchased from various manufacturers and vendors in the City and submitted to the City Analyst, for chemical analysis. In addition, 119 samples were sent to the Central Microbiology Laboratories of the Western General Hospital, for bacteriological examination. The results were as follows:—

- (a) **Chemical Analysis.**—All the samples of ice-cream submitted for chemical analysis, with the exception of one, complied with the standards laid down in the Food Standards (Ice-cream) (Scotland) Regulations, 1959.

The average fat and milk solids other than fat content of the samples, which included both ice-cream and dairy ice-cream was 9.33 per cent. and 11.29 per cent. respectively, which is considerably above the minimum legal requirement of 5.0 per cent. and 7.5 per cent.

- (b) **Bacteriological Examination.**—Of the 119 samples submitted for bacteriological examination, 83 were considered satisfactory and the remainder unsatisfactory, 8 because they had a plate count of more than 50,000 bacteria per gram, 14 because of coliform organisms present in one hundredth of a gram and 14 because of a plate count of more than 50,000 organisms per gram with coliform present. In each case where the results indicated unsatisfactory ice-cream, a special investigation was made of the plant and advice was given. Subsequent samples were found to be satisfactory.

Mince

Forty-eight samples of mince were purchased from various butchers' shops and two of these were reported to contain preservative contrary to the Preservatives in Food (Scotland) Regulations 1962. One of them also contained a synthetic colouring matter contrary to the Colouring Matter in Food (Scotland) Regulations 1957. Legal action was taken against the offenders, each of whom pleaded guilty and fines totalling £36 were imposed.

Sausages

Fifty-seven samples of sausages of various descriptions were procured for chemical analysis. The City Analyst reported that, of these samples, 24 contained preservative within the limits specified by the Preservatives in Food (Scotland) Regulations 1962, and the other 33 were found to be entirely free from preservatives.

Meat Pies

Twenty meat pies ranging in price from 5d. to 9d. each were purchased from various shops and submitted for examination. The City Analyst reported that the weight of the pies varied from 2.1 oz. to 8.0 oz., the weight of the meat in the pies varied from 0.38 oz. to 4.4 oz. and the meat content in relation to the pie varied from 18.0 per cent. to 55 per cent.

There is, as yet, no statutory standard for meat pies but the Food Standards Committee recommended, in their report issued in 1963, a minimum meat content of 25 per cent. based on the weight of the pie as a whole.

It is gratifying to report that of the twenty meat pies examined seventeen conformed to the recommendation of the Committee.

Mixed Pickles

An informal sample of Mixed Pickles, contained in a glass jar closed by a metal screw cap, was unfavourably reported on by the City Analyst. He found that the metal screw cap had been attacked by the acid liquid of the sample causing much damage leading to perforation in several places.

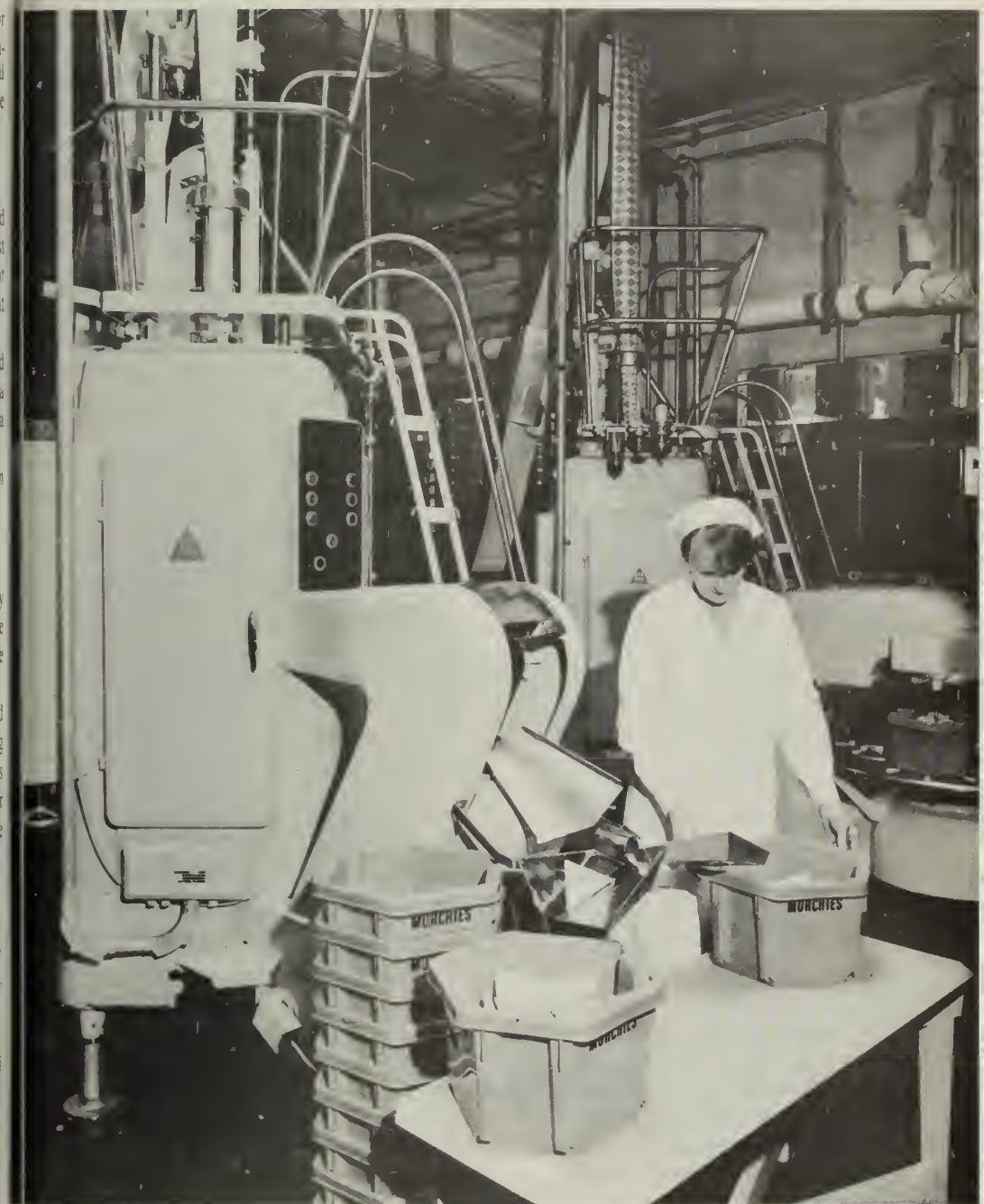
The matter was brought to the notice of the manufacturers who admitted that it could happen but only on stock which had been held for a very long time. The manufacturers instructed their representatives to examine retailers stocks and replace all defective jars. They had also to advise every retailer that, under no circumstance should a jar with a corroded lid be sold to the general public, it should be returned to the factory.

Canned Tomato Puree

The City Analyst reported that an informal sample of Tomato Puree was not satisfactory as it contained 1,000 parts per million of tin. The Food Standards Committee in their report "Tin in Canned Food" issued in 1953, recommend a limit of 250 parts per million of tin in canned foods.

The Tomato Puree, which had been imported from Italy, was contained in a 2½ oz. tin. The walls and bottom of the tin had been lacquered internally but the lid was of plain tin plate and it was from here that the tin had been derived, nearly all the tin had been stripped.

The matter was taken up with the importers who in turn raised it with the canners in Naples. The canners explained that all their Tomato Puree is packed in tins completely lacquered inside and that possibly at some point in production lids intended for Tomato Juice had been used for small tins of Tomato Puree.



A MODERN METHOD OF PACKAGING "PASTEURISED" MILK IN CARTONS.



The importers had consignments checked elsewhere in the United Kingdom but found no defective tins. They gave an assurance that every precaution would be taken to prevent a recurrence of this episode.

Several tins of Tomato Puree, similar to the one adversely reported on, were subsequently purchased and all were found to be satisfactory.

The Fertilisers and Feeding Stuffs Act 1926

Inspections were made of premises within the City where fertilisers and animal feeding stuffs are prepared for sale and consignment, and six samples of feeding stuffs and two of fertilisers were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These samples were all of satisfactory composition.

The Merchandise Marks Act 1926

Inspections were made of business premises in the City in connection with the marking of certain imported foodstuffs, which under the above Act and relevant Orders, must, on exposure for sale, bear an indication of the place of origin. It was found that, generally, the provisions of the Act and Orders were being complied with. Failure to have any of the required articles so marked at the time of visit could be attributed to carelessness. In each case a subsequent visit proved that the warning had produced the desired effect.

The Pharmacy and Poisons Act 1933 and Pharmacy and Medicines Act 1941

The number of applications received from persons and firms desirous of being registered by the Local Authority for the sale of poisons included in Part II of the Poisons List was 226. This is a decrease of 6 over last year. All the applicants were duly registered. The various premises were visited periodically in order to see that the requirements of the Acts were fulfilled. Warnings were given to two shopkeepers for selling Part II poisons without being on the Local Authority's list of persons entitled to sell such articles; they both decided not to sell these goods and discontinued the sale forthwith.

The Rag Flock and Other Filling Materials Act 1951

At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 12. This is a decrease of one over last year. Eleven samples of various kinds of specified filling materials were taken from registered premises in the City and submitted for testing to the City Analyst. The respective samples of washed flock, hair, feathers and new fibre were subjected to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations 1961 and 1965. The City Analyst reported that the standard of cleanliness required by the Regulations had been complied with in each case.

Milk Supervision

The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act 1914 was 805 at 31st December 1966. In addition, 18 milk vending machines were registered. The occupiers of the premises hold licences under the Milk (Special Designations) (Scotland) Order 1965, for the sale of the various grades of milk, viz. "Premium", "Standard", "Pasteurised" and "Sterilised".

Bacteriological Examination.—During the year 401 samples of the various grades of milk were submitted for examination to the Bacteriological Department of the Western General Hospital, to determine the cleanliness of the milk and, when the samples were of heat-treated milk, tests were applied to determine the efficiency of the heat-treatment. The results of the various tests are to be found in Appendices 10 and 11.

Processing Plants.—Five firms hold licences to pasteurise milk. The efficiency of these plants in heat-treating the milk is shown in the very satisfactory results obtained on samples of processed milk; only one sample of pasteurised milk failed the phosphatase test and no samples of sterilised milk failed the turbidity. The dairy equipment and ancillary items were found on regular inspections to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

Two creameries, during the year, installed stainless steel insulated raw milk storage tanks. One of the firms installed two tanks of 6,000 gallon capacity and the other two of 3,000 gallon. A third firm modernised their creamery laboratory.

A new method of packaging milk was introduced at one creamery, late in the year, when they switched part of their distribution from glass bottles to cartons. New equipment was installed to automatically form and fill the cartons. The packing material comes as a roll of paper with a plastic-coating on the inside. The paper is shaped from the roll into a tube which is filled from beneath the surface to avoid frothing, then sealed by heat and pressure and finally the chain of filled tetrahedron is cut up into individual packs.

While new to the City the Tetra Pak Container has been used to distribute milk in various parts of this country and elsewhere for many years. From a public health point of view cartoned milk eliminates the two major objections to glass bottles, viz. the danger from foreign bodies and the misuse of milk bottles by inconsiderate people.

Twenty-nine insulated road tankers are now engaged in collecting milk from approved bulk storage tanks on various farms and delivering it direct to the five creameries in the City in bulk form. The total daily requirement which amounts to approximately 50,000 gallons, is now, for the first time, received by this method of transport.

"Premium" Milk.—The "Premium" Milk sold in Edinburgh comes mainly from farms outside the City boundary. During the year 19 farms

in the Lothians, Lanarkshire, Peeblesshire and Berwickshire were sending this milk, in bottles, to shops and creameries in Edinburgh for distribution.

This grade of milk must conform to certain bacteriological and compositional standards. It must also be kept cool from the time of its initial cooling on the farm until it leaves the retailers premises.

To ensure that the standards were being complied with samples of milk from each of the farms were taken regularly. The bacteriological examinations showed that while the milk supplied by ten producers was satisfactory, other nine had three or more test failures during the year. On chemical analysis all but two of the 114 samples taken were found to contain 3.5 per cent. or more of milk fat. The average milk fat content of all the samples was 3.89 per cent. Samples were taken, particularly in the warm weather, to ensure that at the time of sampling, the temperature of the milk did not exceed 50° F. (10° C.).

A note of the unsatisfactory results was, in each case, sent to the Sanitary Inspector for the area where the milk was produced and bottled and to the Manager of the creamery distributing the milk in Edinburgh. Repeat samples were taken and in most cases the results showed that an improvement had been effected.

One distributor stopped a supply which was considered unsatisfactory.

Brucella abortus.—Samples of "Premium" Milk from three farms were reported to give positive reactions to the Milk Ring Test, a suspicion of the presence of *Brucella abortus* in the milk. The Sanitary Inspectors for the two counties where the milk was produced investigated the matter at each of the farms concerned. It was thought in one case that a newly calved cow was the cause of the test failure and she was immediately removed from the herd. The reasons for the positive reactions in the other two cases were not so apparent, but several repeat samples from each of these farms were submitted to the Milk Ring Test and the Whey Agglutination Test and in every case the samples were negative to both tests.

Counter Milk Dispensing Machines.—To ascertain the hygienic quality of the milk sold from milk dispensing machines, samples were taken from various refreshment establishments and submitted for bacteriological examination. The results were again very disappointing.

Of the 47 samples examined only 10 were considered satisfactory. The remaining 37 were unsatisfactory because two had plate counts of more than 50,000 bacteria per millilitre, 14 had coliform organisms present in one-hundredth of a millilitre and 21 had a plate count of more than 50,000 organisms per millilitre with coliform organisms present.

It is interesting to note that the majority of the satisfactory samples were from multi-ply polythene bags in strong corrugated boxes mounted in refrigerated dispensers. In this system of milk packaging and dispensing the milk is filled into completely hygienic bags, resealed after filling, and served directly from the pack.

The introduction of the hygienic non-returnable pack should help caterers who favour counter milk dispensers to achieve and maintain the highest standards of hygiene.

Cream.—There is at present no official standard for the hygienic quality of fresh cream.

Of 20 samples of various descriptions of cream which were taken at shops and wholesalers premises only 6 had a standard of bacterial cleanliness that could be considered satisfactory as judged by the plate count and coliform tests. The poor bacterial quality of most of the others could be attributed to a failure of the retailer to store and distribute the cream in refrigerated conditions.

The very high bacterial count with coliform organisms present in many of the samples of cream emphasises the need for a statutory hygienic quality standard.

Complaints.—During the year, 29 complaints of foreign material in milk and of dirty milk bottles were received from the public. These were carefully investigated and in each case the necessary steps were taken to prevent a recurrence of the complaint.

PORT SANITARY INSPECTION

Shipping Arrivals

Vessels which arrived at Leith Docks and Granton Harbour from foreign ports numbered 1,251, representing 929,612 tons, while vessels which arrived from home ports numbered 827, representing 936,768 tons. Foreign fishing vessels numbered 4, representing 438 tons, while British fishing vessels numbered 613, representing 40,937 tons. The total number of ships including steamers, motor and fishing vessels was 2,695 with a total tonnage of 1,907,755 tons.

Sanitation

Under the Public Health (Scotland) Act 1897, it is the duty of the Local Authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district. In giving effect to this requirement, the boarding, inspection and revisits of vessels totalled 959 and the insanitary conditions dealt with were 353, necessitating 177 verbal intimations.

Of the many insanitary conditions dealt with, the lack of cleanliness in respect of crews' quarters and the offensive state of sanitary fittings were of the most frequent occurrence. The cleanliness of the bilges, drinking water tanks and the removal of garbage also called for careful supervision. The presence of cockroaches in galleys, storerooms and living quarters was dealt with by efficient fumigation or the use of insecticides.

Water

The drinking water supplied to ships is identical to that of the City and is delivered by hydrants situated at the dockside. The drinking water aboard ships is generally found to be satisfactory and the importance of having a pure and plentiful supply is appreciated.

Rat Destruction

The total number of certificates granted during the year to Masters of vessels was 112 of which 110 were deratting exemption certificates, 1 deratting certificate and 1 rodent control certificate. The total fees collected for these certificates was £389, 12s. 0d. In 5 cases it was necessary to request measures to be undertaken for the destruction of rats. One Deratting Certificate was issued to a vessel satisfactorily treated with Methyl Bromide.

The total number of rats killed on board ships in port, on quays, wharfs and in sheds was 645.

Rat destruction was undertaken in the dock area by the Dock Commission staff and during the year continuous Warfarin baiting and trapping was effective in destroying 630 rats.

Clean Air

During the year there were 24 instances in which black or dark smoke was emitted for periods longer than the permitted periods specified in the regulations. These emissions came from merchant vessels, fishery cruisers, tugs, steam cranes and boilers used in pile driving operations.

In order to bring the requirements of the regulations to the notice of Masters of vessels, notices setting forth the permitted periods were served to all vessels arriving at the port for the first time.

Cleansing

The Dock Commission continue to maintain a very high standard of cleanliness, the roads, sheds and sanitary conveniences being regularly attended to throughout the area.

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Leith Dock Commissioners, the Granton Harbour Official, the Ministry of Transport Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

Appendices 12 and 13 contain a detailed statement of the Port Sanitary work.

PROSECUTIONS

It was found necessary to institute legal proceedings in 22 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £71, 10s. Details of prosecutions are given in Appendix 14.

STAFF

I desire to express my cordial appreciation of the enthusiastic service rendered by all members of the staff.

I am, my Lord Provost, Ladies and Gentlemen,

Your obedient servant,

I. W. WINTOUR, M.R.S.A.(Scot.),
Chief Sanitary Inspector.

APPENDIX 1—continued
NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1966—continued

NATURE OF NUISANCE	WARDS																							Totals
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
<i>Repairs to Houses:—</i>																								
Floors, hearths, doors, etc., repaired ...	2	—	1	—	—	—	—	1	—	—	—	—	—	1	1	—	—	1	1	4	1	—	—	13
Windows and skylights repaired ...	—	—	2	2	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	6
Grates or ranges repaired ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	5
Wall and ceiling plaster repaired ...	6	11	3	2	2	1	1	—	—	—	3	—	2	2	2	4	1	1	1	1	—	—	—	43
Defective roofs repaired ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	1	—	3
<i>Nuisances Abated in Houses and Other Premises</i>																								
Floors, etc., of houses in dirty condition ...	—	1	1	—	2	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
Bad smells in houses or shops ...	16	10	8	3	9	9	3	2	5	14	10	4	12	10	29	6	10	6	1	2	3	8	3	183
Smoke in houses due to defective vents ...	2	2	—	1	2	—	—	1	3	—	—	—	1	—	—	1	—	—	1	—	—	1	—	16
Dampness in houses ...	15	10	14	—	25	5	—	8	18	2	4	9	7	5	9	2	5	2	2	—	1	10	1	161
Overcrowded families re-housed ...	41	22	12	16	35	4	11	7	20	24	7	4	60	8	17	16	24	9	47	30	12	32	44	502
Houses flooded due to defects in flat above ...	3	4	6	—	—	—	—	—	1	—	1	1	1	1	1	1	2	2	—	—	—	—	—	23
Animals and birds kept in close proximity to houses ...	—	—	3	—	—	4	—	1	—	—	2	1	1	1	—	2	1	—	—	—	—	—	—	16
<i>Stairs, passages, etc.—</i>																								
Staircases painted ...	17	4	22	12	53	27	8	—	—	22	—	13	—	31	5	20	—	3	23	—	—	1	—	261
Staircases and passages in a dirty condition and cleaned by tenants ...	33	34	40	23	27	18	6	13	8	36	6	9	48	17	22	15	17	14	2	—	3	6	16	413
<i>General:—</i>																								
Premises infested by bugs, fleas, etc. ...	5	4	7	1	10	2	2	6	2	13	5	1	8	2	1	4	11	2	—	1	1	3	2	93
Premises treated for bugs, fleas, etc., by this Department ...	1	1	1	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	9
Areas, backgreens, roofs, cellars, etc., cleaned ...	100	30	20	2	3	2	6	—	—	6	2	1	16	22	100	13	11	50	816	430	22	10	500	2,161
Tenants casting garbage over windows ...	2	1	2	—	—	—	—	—	—	—	2	1	—	—	—	1	—	—	—	—	—	—	—	10
Accumulations of refuse near dwellings removed ...	34	23	38	10	14	16	2	5	7	29	3	17	7	6	30	4	17	11	1	1	3	4	5	297
Disused cellars cleaned or closed ...	—	—	4	—	2	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	11
Surfacing of courts repaired or renewed ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Noise nuisances abated ...	2	10	6	1	7	5	—	4	1	13	2	5	8	8	7	9	1	2	—	—	—	—	—	93
Miscellaneous nuisances removed ...	33	55	42	19	25	28	7	8	2	39	14	19	12	29	33	33	17	18	6	4	4	16	16	479
TOTALS ...	333	259	256	99	229	126	49	56	59	236	58	87	208	174	270	158	133	140	913	486	58	99	609	5,095

APPENDIX 2

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT

Number of visits to—									
Bakehouses	...	...	...	...	...	...	...	...	235
Baker Shops	...	...	...	...	...	...	...	...	290
Betting Shops	...	...	...	...	...	...	...	...	2
Building Sites	...	...	...	...	...	...	...	...	54
Brokers Premises	...	...	...	...	...	...	...	...	56
Butchers	...	...	...	...	...	...	...	...	164
Canteens	...	...	...	...	...	...	...	...	53
Creameries and Pasteurisation Plants	...	...	...	...	...	...	...	...	75
Common Lodging Houses	...	...	...	...	...	...	...	...	43
Dairy Shops	...	...	...	...	...	...	...	...	259
Farmed-out Houses and Houses-let-in-lodging	...	...	...	...	...	...	...	...	1
Fish Friers	...	...	...	...	...	...	...	...	106
Fishmongers	...	...	...	...	...	...	...	...	74
Food Factories	...	...	...	...	...	...	...	...	69
Fruiters/Greengrocers	...	...	...	...	...	...	...	...	188
Grocers	...	...	...	...	...	...	...	...	1,014
Hairdressers and Barbers	...	...	...	...	...	...	...	...	363
Hotels and Boarding Houses	...	...	...	...	...	...	...	...	266
Ice-cream Premises	...	...	...	...	...	...	...	...	166
Ice-cream Vehicles	...	...	...	...	...	...	...	...	271
Mobile Shops	...	...	...	...	...	...	...	...	93
Offensive Trades	...	...	...	...	...	...	...	...	17
Pet Shops	...	...	...	...	...	...	...	...	37
Picture Houses and Theatres	...	...	...	...	...	...	...	...	12
Piggeries	...	...	...	...	...	...	...	...	8
Public Houses	...	...	...	...	...	...	...	...	261
Restaurants, Cafes, etc.	...	...	...	...	...	...	...	...	868
Schools	...	...	...	...	...	...	...	...	30
Second-hand Furniture Shops	...	...	...	...	...	...	...	...	5
Showgrounds and Caravan Sites	...	...	...	...	...	...	...	...	38
Swimming Baths	...	...	...	...	...	...	...	...	104
Premises <i>re</i> Water Sampling	...	...	...	...	...	...	...	...	303
Premises <i>other than above</i>	...	...	...	...	...	...	...	...	622
Houses <i>re</i> overcrowding and recommendations to House-letting Department	...	...	...	...	...	...	...	...	1,806
Houses for evidence of bug infestation prior to removal of tenants into Corporation Properties	...	...	...	...	...	...	...	...	8,483
Properties <i>re</i> Painting of Common Stairs	...	...	...	...	...	...	...	...	3,023
Visits <i>re</i> Infectious Diseases Enquiries	...	...	...	...	...	...	...	...	1,117
Visits under Housing (Scotland) Act 1950–64	...	...	...	...	...	...	...	...	9,072
Visits under Clean Air Act 1956	...	...	...	...	...	...	...	...	17,559
Premises <i>re</i> Nuisances	...	...	...	...	...	...	...	...	19,021
Premises under Offices, Shops and Railway Premises Act 1963	...	...	...	...	...	...	...	...	4,266
TOTAL									70,494

APPENDIX 3

NOTICES

Intimations of Existences of Nuisance served	277
Intimations served in connection with Renewal of Sinks and Water Closets	7
Notices to Remove Nuisances served at the Instance of the Local Authority	75
Notices served for the Cleaning of Dirty Areas, Cellars, etc.	88
Notices served on Occupiers failing to take Rotation of Stair Washing and Sweeping	646
Notices served in connection with Cleaning of Water Cisterns	56
Notices served in connection with Painting of Common Stairs	3,307
Notices served cautioning persons against Casting Garbage over Windows	457
Notices served under Clean Air Act 1956	30
Notices served under Offices, Shops & Railway Premises Act 1963	1,280
TOTAL	6,223

SUMMARY

Complaints by Citizens	1,985
Complaints by other Departments... ..	28
Nuisances discovered and reported by District Inspectors	3,082
Total Nuisances dealt with by Inspectors	5,095

APPENDIX 4

COMMON LODGING-HOUSES

WARD	ADDRESS	ACCOMMODATION	
		Males	Females
	EDINBURGH		
17	24, 26, 28 Broughton Place	75	—
1	75 Grassmarket	300	—
1	3 Merchant Street	—	54
1	1 Pleasance	106	—
1	5 The Vennel, Grassmarket	—	45
1	85 West Port	62	—
	LEITH		
19	5 Parliament Street	168	—
	TOTALS	711	99

HOUSES-LET-IN-LODGINGS

WARD	ADDRESS	Number of Houses	Number of Occupants
1	1 and 3 Blair Street	1	114
1	72 Grove Street	1	164
TOTALS		2	278

APPENDIX 5

ATMOSPHERIC POLLUTION

Monthly Record of Deposits—1966

Month	Station	Rainfall in Inches	Tons per Square Mile		
			Insoluble Deposit	Soluble Deposit	Total Solids
January...	1. Glencorse	2.09	1.37	3.52	4.89
	2. Seafeld	1.34	3.96	4.50	8.46
	3. Astley Ainslie Institute ...	1.65	3.88	4.29	8.17
February	1. Glencorse	3.19	1.23	1.64	2.87
	2. Seafeld	1.177	3.76	4.33	8.09
	3. Astley Ainslie Institute ...	2.72	2.76	2.15	4.91
March ...	1. Glencorse	1.50	1.50	2.02	3.52
	2. Seafeld	0.47	15.41	4.94	20.35
	3. Astley Ainslie Institute ...	0.75	6.12	2.11	8.23
April ...	1. Glencorse	2.01	1.23	3.01	4.24
	2. Seafeld	0.55	4.23	2.54	6.77
	3. Astley Ainslie Institute ...	2.17	5.50	8.34	13.84
May ...	1. Glencorse	2.01	1.44	1.71	3.15
	2. Seafeld	1.18	8.16	5.01	13.17
	3. Astley Ainslie Institute ...	1.69	5.12	5.57	10.69
June ...	1. Glencorse	4.84	3.08	4.24	7.32
	2. Seafeld	3.66	4.67	4.27	8.94
	3. Astley Ainslie Institute ...	No results—equipment broken			
July ...	1. Glencorse	2.21	1.81	1.88	3.69
	2. Seafeld	1.30	4.13	3.32	7.45
	3. Astley Ainslie Institute ...	1.85	5.26	5.19	10.45
August ...	1. Glencorse	5.71	1.85	3.32	5.17
	2. Seafeld	4.96	5.08	6.77	11.85
	3. Astley Ainslie Institute ...	3.59	2.14	1.87	4.01
September	1. Glencorse	2.84	1.67	6.06	7.73
	2. Seafeld	1.85	6.23	4.70	10.93
	3. Astley Ainslie Institute ...	2.21	5.99	7.61	13.60
October	1. Glencorse	2.40	1.27	3.59	4.86
	2. Seafeld	1.10	4.33	3.29	7.62
	3. Astley Ainslie Institute ...	1.34	2.32	4.88	7.20
November	1. Glencorse	3.23	1.33	6.47	7.80
	2. Seafeld	1.89	5.92	8.23	14.15
	3. Astley Ainslie Institute ...	1.93	4.43	5.47	9.90
December	1. Glencorse	1.65	0.92	1.95	2.87
	2. Seafeld	1.14	3.83	4.16	7.99
	3. Astley Ainslie Institute ...	2.60	2.91	4.53	7.44

APPENDIX 5a

**Measurement of Sulphur Content in the Atmosphere by the
Lead Peroxide Method expressed as Milligrammes of S.O.₃
per day per 100 Square Centimetres**

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Seafield	0.82	0.58	0.84	0.25	0.51	0.20	0.29	0.26	0.86	0.96	1.01	1.21
Astley Ainslie Institute ...	0.65	0.45	0.51	0.77	0.53	0.36	0.28	0.27	0.40	0.43	0.81	0.74
Robb's Loan, Gorgie ...	1.19	1.46	0.59	0.70	0.67	1.49	0.24	—	0.37	0.62	0.55	1.41

APPENDIX 6

FACTORIES ACT 1961

Prescribed particulars on the administration of the Act.

1. Inspections

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	61	5	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	1,642	215	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (including outworkers' premises) ...	30	5	—	—

2. Defects found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1) ...	10	9	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ...	3	2	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary conveniences (S.7) ...					
(a) Insufficient ...	2	1	—	1	—
(b) Unsuitable or defective ...	47	26	—	8	—
(c) Not separate for sexes ...	1	—	—	—	—
Other offences (not including offences relating to homework) ...	3	2	—	—	—
	66	40	—	10	—

3. Outwork (Sections 133 and 134)

Number of outworkers in August lists (<i>i.e.</i> , these residing in Edinburgh)	5
Nature of Work:—	
Altering wearing apparel	5

APPENDIX 7

FACTORIES ACT 1961

Statement for 1966

1. INSPECTIONS MADE	225	
2. DEFECTS REMEDIED, HEALTH (GENERAL PROVISIONS):—		
<i>Cleanliness—</i>		
Accumulation of dirt and refuse removed	1	
Floors cleaned	2	
Walls and ceiling cleaned (white-washing, colour-washing, painting, varnishing or washing down)	6	
<i>Ventilation—</i>		
Mechanical ventilation introduced	1	
Means provided for removing fumes and other impurities	1	
	—	11
<i>Sanitary Conveniences—</i>		
Absence of sanitary accommodation—water closets introduced ...	1	
New apartments constructed or reconstructed	1	
Intervening ventilated spaces provided	1	
Lighting (artificial) provided	3	
Floors found dirty and cleaned	4	
Appliances found dirty and cleaned	2	
Choked water closets cleared	2	
Repairs to appliances, roofs, floors, walls, ceilings, doors, windows, etc.	13	
	—	27
<i>General Repairs—</i>		
Miscellaneous nuisances removed	2	
	—	2
TOTAL		40

APPENDIX 8

SHOPS ACT 1950

Statement for 1966

INSPECTIONS MADE:—

Retail shops and wholesale establishments	...	...	1,088
Number of Saturday afternoon visits to check observance of early-closing day	...	...	2

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Prescribed particulars to be included in the Annual Report to be submitted to the Ministry of Labour under Section 60 of the Act.

TABLE "A"

Registrations and General Inspections.

Class of Premises	Number of Premises Registered during the Year	Total Number of Registered Premises at end of Year	Number of Premises receiving a General Inspection
Offices	124	2,305	531
Retail Shops	210	3,140	791
Wholesale Establishments	13	306	63
Catering Establishments	35	496	125
Fuel Storage Depots	—	—	—
Totals	382	6,247	1,510

TABLE "B"

Number of visits of all kinds by Inspectors to registered premises 3,154

Note.—In addition, visits were paid to 601 premises which were found to be excepted from the Act by reason of self-employment, etc.

TABLE "D"—Exemptions

Class of Premises (1)	Number of Exemptions current at 31st December (1)	Number of Exemptions granted or extended during the Year (3)	Number of Applications refused or Exemptions withdrawn (4)	Number of Cases where Employees opposed Application (5)	Appeals to Court against refusal to grant or extend an Exemption or against withdrawal of an Exemption	
					Number Made (6)	Number Allowed (7)
PART III—Sanitary Conveniences (Section 9)						
Offices	—	—	—	—	—	—
Retail Shops	5	4	None	None	None	None
Wholesale Establishments	—	—	—	—	—	—
Catering Establishments	—	—	—	—	—	—
Fuel Storage Depots	—	—	—	—	—	—

TABLE "E"—Prosecutions

Prosecutions instituted of which the hearing was completed in the year.

Section of Act or Title of Regulation or Order	Number of Persons or Companies Prosecuted	Number of Informations Laid	Number of Informations Leading to Conviction
Section 48(1)	1	1	1
Section 18	1	1	1

Number of complaints or summary applications made under

Section 22	None
Number of interim Orders granted	None

TABLE "F"—Inspectors

Number of Inspectors appointed	4
Number of other staff employed on work in connection with Act ...	1

APPENDIX 9**PREVENTION OF DAMAGE BY PESTS ACT 1949**

The following number of properties were surveyed under the Act.

Number of Properties inspected	3,336
Number of Properties found infested	139
Number of Properties cleared	108
Number of Visits	3,587
Number of items of repair carried out	19
Electricity junction boxes baited	4
Sewer manholes baited	48
Notices served under Prevention of Damage by Pests Act 1949 ...	—
Total visits made	6,580

Complaints of Rat or Mouse Infestation

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received ...	44	42	25	30	70	27	18	30	49	24	71	64	22	48	44	45	84	30	52	71	25	47	50	1,012
Infestations abated ...	43	40	25	30	65	27	18	30	49	23	73	60	22	45	41	46	81	32	49	70	25	49	50	993
Visits made ...	97	114	68	74	207	61	59	74	134	112	246	222	71	150	105	127	298	91	140	190	98	128	127	2,993

Insect Infestation

The following table shows the number of apartments and infestations treated in each ward—the total number being 326.

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Cockroaches ...	—	—	—	3	—	—	4	—	—	9	—	—	1	—	1	—	13	4	1	1	—	2	—	39
Bugs, Fleas, Lice ...	13	6	—	—	11	—	—	4	—	—	—	—	25	5	3	6	4	3	—	8	7	6	24	125
Flies ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	2	—	—	—	—	6
Wasps ...	—	—	—	3	4	5	1	14	—	—	—	8	25	—	3	—	—	—	1	—	—	—	1	65
Miscellaneous ...	2	—	—	5	—	2	—	1	1	6	1	7	8	4	2	2	8	1	28	4	4	5	—	91
Total ...	15	6	—	11	15	11	1	19	1	15	9	32	34	14	6	10	25	9	31	13	11	14	24	326

Anti-Fly Campaign

Various Premises and Areas treated 1966.

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Dairies and Farms ...	—	—	—	—	8	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
Fish, Meat and Food Premises ...	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	2	2	—	—	1	8
Garden and Refuse Tips ...	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Hospitals, Institutions, etc. ...	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	3
Piggeries ...	—	—	—	18	—	1	13	—	9	—	—	—	—	—	—	—	—	—	—	—	2	4	—	47
Stables ...	1	—	2	3	—	5	1	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	15
Yards and Areas ...	7	1	—	—	—	—	—	—	2	1	—	—	3	—	—	—	1	2	—	—	3	—	—	20
Common Lodging Houses ...	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	4
Dwelling-houses ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	3
Total ...	10	1	1	4	29	—	1	20	4	2	11	—	1	5	—	1	1	7	2	1	5	5	11	111

APPENDIX 10

THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDER 1965

Number of Samples taken for Bacteriological Examination.

Premium ...	...	...	...	192
Standard ...	...	...	...	20
Pasteurised ...	...	...	...	123
Pasteurised (School) ...	...	...	...	53
Sterilised ...	...	...	...	13
Total ...	...	...	...	401

SUMMARY OF RESULTS

GRADE OF MILK	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES		
			Phosphatase Test	Coliform Test	Phosphatase Test and Coliform Test
Pasteurised	123	117	1	5	—
Pasteurised (School)	53	52	—	1	—
Sterilised	13	13	—	—	—

GRADE OF MILK	Total Number of Samples Taken	Total Number Passing All Tests	CLASSIFICATION OF FAILURES		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Premium	192	139	29	11	13
Standard	20	13	—	2	5

APPENDIX 12

PORT SANITARY INSPECTIONS

Annual Statement—Year 1966

Ships boarded and inspected	...	...	...	...	...	885
Revisits made	...	...	...	...	...	74
Nuisances discovered	...	...	...	...	...	353
Nuisances abated	...	...	...	...	...	342
Communications written	...	...	...	...	...	6
Verbal warnings	...	...	...	...	...	177
Ships fumigated or otherwise treated for vermin	...	...	...	...	...	13
Deratting Certificates	...	...	...	...	...	1
Deratting Exemption Certificates	...	...	...	...	...	110
Rodent Control Certificates	...	...	...	...	...	1
Rats exterminated...	...	...	...	...	...	645
Rats submitted for bacteriological examination	...	...	...	...	...	2
Found negative	...	...	...	...	...	2
Factories—Inspections and revisits	...	...	...	...	...	31
Clean Air Act—Observations made	...	...	...	...	...	24
Notices served	...	...	...	...	...	17
Fees collected	...	...	...	...	...	£389.12.0

Nuisances Discovered

Accumulation of garbage	...	...	...	...	...	142
Choked and defective scuppers	...	...	...	...	...	17
Choked and defective latrines	...	...	...	...	...	8
Choked and defective sinks	...	...	...	...	...	5
Choked and defective washbasins	...	...	...	...	...	10
Dampness in quarters	...	...	...	...	...	4
Dirty floors, tables, decks, etc.	...	...	...	...	...	19
Dirty bunks and bedding	...	...	...	...	...	3
Dirty partitions and ceilings	...	...	...	...	...	8
Dirty lockers	...	...	...	...	...	9
Dirty and offensive bilges	...	...	...	...	...	4
Dirty fresh water tanks	...	...	...	...	...	3
Dirty galleys, food stores, pantries, etc.	...	...	...	...	...	9
Dirty washplaces	...	...	...	...	...	10
Foul closets and latrines	...	...	...	...	...	7
Foul sinks	...	...	...	...	...	8
Foul baths	...	...	...	...	...	5
Foul Washbasins	...	...	...	...	...	19
Presence of rats and mice	...	...	...	...	...	4
Presence of cockroaches	...	...	...	...	...	10
Presence of bed-bugs	...	...	...	...	...	Nil
Emissions of black or dark smoke	...	...	...	...	...	24
Miscellaneous	...	...	...	...	...	25

APPENDIX 13

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS 1952

Edinburgh Port Health Authority

1. Amount of shipping entering Leith Docks and Granton Harbour in 1966.

	Number	Tonnage
(1) Foreign	1,251	929,612
(2) Coastwise	827	936,768
Total	2,078	1,866,380

2. Deratting and Deratting Exemption Certificates.

Issued at	Deratting	Deratting Exemption
Leith	1	81
Granton	—	9
Burntisland	—	10
Kirkcaldy	—	6
Methil	—	4
Total	1	110

3. Total number of vessels subjected to measures of rat destruction in 1966.

“A”

Number of Vessels subjected to measures of Rat destruction	On Ships		On Shore		Number of Rats found infected with Plague	
	*Number of Dead Rats recovered	Number of Rats examined bacteriologically	*Number of Rats destroyed (other than on Ships)	Number of Rats examined bacteriologically	On Ships	On Shore
5	15	2	630	Nil	Nil	Nil

* State species of rats recovered (a) on ships:—Black and Brown.

(b) on shore:—Black and Brown.

“B”

Number of Vessels fumigated by H.C.N. or Methyl Bromide	Number of Dead Rats recovered	Number of Vessels in which poisoning, etc., was employed	Number of Dead Rats recovered	Number of Deratting Certificates issued	Number of Deratting Exemption Certificates issued
1	2	4	13	1	110

APPENDIX 14

REPORT OF PROSECUTIONS INSTITUTED BY THE SANITARY DEPARTMENT
DURING THE YEAR ENDED 31ST DECEMBER 1966

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
1	Using an unauthorised fuel, viz. coal, within a district designated as a smoke control area	Clean Air Act 1956, Section 11 (2)	Burgh	Admonished
2	Failure to remove accumulation of refuse, etc.	Edinburgh Corporation Order 1961, Section 73	Burgh	Fined £2.
3	Using an unauthorised fuel, viz. coal, within a district designated as a smoke control area	Clean Air Act 1956, Section 11 (2)	Burgh	Admonished
4	Do.	Do.	Burgh	Fined 10/-.
5	Do.	Do.	Burgh	Fined 10/-.
6	Do.	Do.	Burgh	Fined 10/-.
7	Failure to report fatal accident.	Offices, Shops and Railway Premises Act 1963, Section 48 (1).	Sheriff	Admonished.
8	Failure to wash and sweep common stairs, etc.	Bye-laws for the cleansing of common stairs, etc.	Burgh	Case deserted.
9	Using an unauthorised fuel, viz. coal, within a district designated as a smoke control area.	Clean Air Act 1956, Section 11 (2).	Burgh	Fined £1.
10	Do.	Do.	Burgh	Fined £1.
11	Do.	Do.	Burgh	Admonished.
12	Excessive preservative in steak mince.	Food and Drugs (Scotland) Act 1956, Section 2, and the Preservatives in Food (Scotland) Regulations 1962, Regulation 4.	Sheriff	Fined £30.

Report of Prosecutions instituted by the Sanitary Department during the Year ended 31st December 1966—continued

No.	Nature of Contravention	Act or Regulation Contravened	Court Where Tried	Result
13	Excessive preservative and colouring in mince	Food and Drugs (Scotland) Act 1956, Preservatives in Food (Scotland) Regulations 1962, Regulation 4, and the Colouring Matter in Food (Scotland) Regulations 1957, Regulation 7.	Sheriff	Fined £6.
14	Failing to remove accumulation of waste paper, etc., from yard.	Edinburgh Corporation Order 1961, Section 73	Burgh	Fined £5.
15	Failing to take measures to avoid a young person being exposed to danger in cleaning machinery.	Offices, Shops and Railway Premises Act 1963, Section 18.	Sheriff	Fined £15.
16	Failing to clean house occupied by him	Edinburgh Corporation Order 1961, Section 87.	Burgh	Court Order granted; work carried out.
17	Failure to repair, cleanse and paint common stair.	Edinburgh Corporation Order 1961, Section 74.	Burgh	Case deserted.
18	Failure to wash and sweep common back passage.	Bye-laws for the cleansing of common stairs.	Burgh	Admonished.
19	Failure to wash and sweep common front passage.	Do.	Burgh	Case deserted.
20	Failure to wash and sweep common stair.	Do.	Burgh	Case deserted.
21	Failure to repair, cleanse and paint common stair.	Edinburgh Corporation Order 1961, Section 74.	Burgh	Case deserted.
22	Selling an article of food which was not of the nature, substance and quality demanded.	Food and Drugs (Scotland) Act 1956, Section 2.	Sheriff	Fined £10.

APPENDIX 15

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT 1954

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957

1. Certificates of Disrepair issued under Section 18(1) of the 1954 Act

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates *	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	298	76	203	19	59	56	2	1
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increase of rent are recoverable under Section 2(1) (c) and (d) of the Increase of Rent and Mortgage Interest (Restrictions) Act 1920	56	31	8	17	11	11	Nil	Nil

* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

SECTION VII

VETERINARY SERVICES

VETERINARY SERVICES

REPORT BY THE VETERINARY INSPECTOR

MILK AND DAIRIES

Milk and Dairies (Scotland) Act, 1914.—During the year 69 visits were made to premises registered under the Milk and Dairies (Scotland) Act, 1914, for the purpose of supervising the cleanliness of the dairy premises, the utensils, and the methods of milk production.

At December 1966, there were 8 registered dairy herds within the city boundary and the total number of cows in these herds was approximately 250.

Milk (Special Designations) (Scotland) Order, 1965.—This Order designates two grades of milk, 'Premium' and 'Standard', and at the end of the year seven producers held such licences for the production of milk. Two of these related to 'Premium' milk, and five to 'Standard' milk.

Premium Milk.—The standard laid down in the above Order for 'Premium' milk is that the bacterial count should not exceed 15,000 bacteria per ml., and *B. coli* should be absent from 0.01 ml.; also that samples shall contain not less than 3.5 per cent. by weight of milk fat and not less than 8.5 per cent. by weight of milk solids other than milk fat.

Standard Milk.—The standard laid down for this grade of milk is that the bacterial count should not exceed 50,000 bacteria per ml., and that *B. coli* should be absent from 0.001 ml.

Bacteriological Examination of Milk.—During the year 54 routine samples of milk were examined as undernoted:—

Premium	...	...	...	18
Standard	...	...	...	36
				—
				54
				—

Of the eighteen 'Premium' samples taken two failed in respect of bacterial count and one in respect of *B. coli* test. Two of the thirty-six 'Standard' samples taken failed in respect of their bacterial count.

Brucella Abortus Investigation.—Twice yearly samples of milk were taken from all registered producers retailing raw milk within the city, and subjected to a milk ring test for the detection of *Brucella abortus* infection. All samples proved negative.

INSPECTION OF MEAT

The Food (Meat Inspection) (Scotland) Regulations, 1961

The Food (Preparation and Distribution of Meat) (Scotland)
Regulations, 1963

The comparison of the total number of animals killed for the years 1964, 1965 and 1966 is shown in Table I:—

TABLE I

				1964	1965	1966
Oxen	...	...	...	42,825	37,462	35,400
Bulls	...	...	...	368	213	396
Heifers	...	...	...	5,216	4,017	3,804
Cows	...	...	...	4,811	3,289	3,088
				53,220	44,981	42,688
Calves	...	...	...	3,795	2,134	2,050
Sheep	...	...	...	284,890	271,482	271,947
Swine	...	...	...	42,281	43,098	39,935
				384,186	361,695	356,620

A study of the above figures shows that there has been a reduction of 5,075 in the number of animals killed at Gorgie Abattoir compared with 1965. This was due largely to the fact that Gorgie Abattoir was not approved by the Scottish Home and Health Department for the slaughter of food animals for export to the Continent. In order that the slaughterhouse be brought up to date the Civic Amenities Committee appointed an architect to submit plans for the modernisation of the whole abattoir. Another contributory factor to the decrease in the number of animals killed was the outbreak of Foot-and-Mouth Disease in Northumberland in July. This caused the Continental countries to ban the import of fresh meat from all parts of the British Isles. The abattoir, however, was still approved by the American Authorities and during the year twenty-six consignments of beef carcasses were exported. Belgium placed no embargo on carcase meat slaughtered at Gorgie apart from the period of restriction due to the Foot-and-Mouth outbreak, and during the year twenty-four consignments, totalling 5,085 sheep carcasses were exported there. Also two consignments of beef roasts were exported to Singapore, a total of 2,077 lbs.

As in previous years all exported carcasses had to be stamped before removal from the abattoir and accompanied by a certificate indicating that they had been subjected to ante and post mortem veterinary examination at the time of slaughter.

Carcases and Offal Condemned in Abattoir.—Carcasses partially or wholly condemned in the City Abattoir weighed 86.33 tons. To this there falls to be added 116.98 tons (weight estimated) of condemned offal, making a total

of 203·31 tons. Comparison between weights of meat seized on account of tuberculosis with non-tuberculosis diseases shows that tuberculosis was responsible for 12·5 per cent. of all beef seized and destroyed and 0·18 per cent. of pork.

Meat Inspection Statistics.—Table II is a summary of the weight of beef, pork and mutton seized and the cause of seizure. It does not give the actual incidence of any disease as mild cases are trimmed and the weight of meat seized is so small that it is not recorded. Table III does give the actual incidence of some of the main infections in cattle. The incidence figure of 0·227 per cent. for tuberculosis must, however, take into account the fact that two herds, consisting of 82 animals, in which there had been a break-down of the disease, were slaughtered resulting in forty-eight animals being found infected. It must also be pointed out that in twelve of the forty-one reported cases of tuberculosis found on routine inspection the tubercular-like lesion was confined to the mesenteric glands only. The most striking difference in statistics however for the last few years is shown in the numbers of cattle and sheep livers condemned for liver fluke—

				Cattle	Sheep
1965	...	...	...	7,201	7,992
1966	...	...	...	8,817	12,943

There is no doubt that this marked increase was associated with the wet summer which we experienced, as such conditions permit the life cycle through the snail to be completed. However, when it is realised that in sheep the worm causes also marked loss in bodily condition, such a high incidence of infection does present a very serious picture indeed and more urgent steps require to be taken to control this parasite.

The incidence of adenomatosis (Jaagsiekte) is as follows:—

Number affected in 1965	...	65
„ „ in 1966	...	54

Breeds involved in 1966

Halfbred	...	...	...	36
Blackface	...	...	...	6
Greyface	...	...	...	7
Suffolk Cross	...	...	...	5

In pigs, pyaemia following wound infection is still a major cause of partial or total seizure of the carcass.

TABLE II

CATTLE (42,688)					PIGS (39,935)					SHEEP (271,947)				
Abnormality	Number of Cases	Total	Partial	Weight in lbs.	Abnormality	Number of Cases	Total	Partial	Weight in lbs.	Abnormality	Number of Cases	Total	Partial	Weight in lbs.
Emaciation and Oedema ...	30	25	5	9,423	Abscess ...	761	197	564	35,101	Emaciation and Oedema ...	906	821	85	27,952
Bruising ...	103	3	100	5,163	Peritonitis ...	311	22	289	4,219	Septic Pneumonia and Pleurisy ...	939	182	757	17,722
Tumours ...	9	5	4	2,015	Pneumonia and Pleurisy ...	214	48	166	6,549	Arthritis ...	548	27	521	4,345
Tuberculosis ...	23	8	15	5,056	Arthritis ...	451	20	431	6,580	Abscess ...	344	57	287	5,992
Hepatic Abscess	22	—	22	769	Metritis (Septic)	14	13	1	3,005	Metritis (Septic)	56	39	17	2,222
Peritonitis ...	36	2	34	1,742	Bruising ...	222	3	219	3,796	Fever ...	94	94	—	4,761
Actinomycosis	61	1	60	1,455	Emaciation and Oedema ...	55	55	—	3,741	Peritonitis ...	217	25	192	2,707
Abscess ...	30	7	23	3,357	Fever ...	27	27	—	3,139	Tumour ...	67	47	20	2,712
Nephritis ...	1	—	1	20	Enteritis (Acute)	17	17	—	2,748	Mastitis ...	138	23	115	2,173
Toxaemia and Septicaemia	15	15	—	4,991	Nephritis ...	5	4	1	820	Bruising ...	140	13	127	1,608
Metritis (Septic)	9	4	5	1,316	Fractures ...	57	—	57	1,123	Abnormal Odour	9	9	—	465
Pneumonia ...	15	3	12	1,695	Erysipelas ...	2	1	1	124	Jaundice ...	6	6	—	334
Mastitis ...	21	3	18	1,452	Udders Lactating	34	—	34	676	Hernia ...	35	—	35	205
Generalised C. Bovis	2	2	—	1,235	Tumours ...	6	6	—	727	Adenomatosis	27	2	25	453
Arthritis ...	11	1	10	548	Hernia ...	48	—	48	226	Pericarditis ...	3	3	—	244
Skin Tuberculosis	12	—	12	159	Jaundice ...	3	3	—	236	Nephritis ...	5	3	2	164
Fracture ...	6	—	6	176	Hernaphrodite Pericarditis ...	21	1	21	114	Fractures ...	21	—	21	117
					Tuberculosis ...	2	1	1	428	Melanosis ...	2	1	1	93
					Machine Damage	1	1	—	131					
						82	2	80	712					

TABLE III

Incidence in Cattle

Year	Tuberculosis	Actinobacillosis	Cysticercus Bovis	Liver Abscess	Liver Cirrhosis (Fluke)
	per cent.	per cent.	per cent.	per cent.	per cent.
1955	6.22	0.82	0.82	2.42	13.1
1961	0.38	0.78	0.446	3.257	21.81
1965	0.314	0.486	0.48	3.94	16.00
1966	0.227	0.463	0.39	3.15	20.65

TABLE IV

Incidence in Tumours

Year	CATTLE		SHEEP		PIGS	
	Number affected	Incidence %	Number affected	Incidence %	Number affected	Incidence %
1962	24	0.049	91	0.034	6	0.012
1963	32	0.059	87	0.031	6	0.014
1964	14	0.026	123	0.043	9	0.021
1965	19	0.042	84	0.030	3	0.006
1966	17	0.039	98	0.036	8	0.020

TABLE V

Number of Main Organs Condemned in the Different Classes of Animals at the Abattoir during 1966 (excluding organs of animals totally condemned)

LUNGS							
			Tuberculosis	Fluke Cysts	Pneumonia and Congestion	Other Causes	
Cattle	...	...	67	567	855	93	
Sheep	...	...	—	11	3,638	120	
Pigs	...	...	—	—	2,156	179	
LIVERS							
			Tuberculosis	Fluke	Abscesses	Milk Spot (Cirrhosis)	Other Causes
Cattle	...	...	8	8,817	1,347	13	291
Sheep	...	...	—	12,943	186	—	423
Pigs	...	...	—	—	16	1,452	294
HEADS							
			Tuberculosis	Actino-bacillosis	Abscesses	Cysticercus Bovis	Other Causes
Cattle	...	...	52	169	50	165	6
Sheep	...	...	—	—	10	—	20
Pigs	...	...	266	—	87	—	2

Laboratory Report.—Routine bacteriological examination of all casualty animals for the presence of food poisoning organisms has continued as in previous years.

Summary of Work.—Blood smears were examined for anthrax from animals which had died in the lairages and markets and also from animals with enlargement of the spleen at the time of slaughter. No cases of anthrax were found. Smears from the valvular lesions of the heart, particularly in pigs, were stained by Gram's method and examined for erysipelotheix and staphylococcus. Pus from abscesses was stained by Gram's method and *C. pyogenes* was most often found. Many parasitic lesions were examined microscopically in order to ascertain the cause. Samples either of bile or from other tissues were taken from casualty animals and plated out on culture media.

Cultures 1,228 cultures were examined
994 were found to be negative.

The remainder were composed of:—

220 *B. coli*
4 *Staphylococci*
7 *Paracolon bacilli*
3 *Salmonellae*

B. coli is commonly found in the intestine of normal animals and as such is not of great significance.

The cases of haemolytic staphylococci were isolated from the udders of recently lambed ewes. In each of these cases the carcasses were condemned.

Five pig carcasses showed infection with paracolon bacilli in the bile only and were passed but two pig carcasses from which paracolon bacilli were isolated were condemned as they showed in addition, widespread abscess formation.

Two pig carcasses condemned for similar pyaemic lesions were found to be infected with *S. cholerae-suis*.

A cow which was known to excrete salmonellae in its milk was subjected to emergency slaughter. All precautions were taken regarding hygiene during the slaughtering process and specimens were taken for cultural examination from all tissues in the body. *Salmonella typhimurium* was recovered only from a yellow area which was seen in the left hind quarter of the udder. It was found, however, that the cow was also suffering from a metritis and the carcass was condemned for this reason.

Condemned Carcasses.—As in past years all condemned carcasses have been converted in the IWEL plant at Gorgie Abattoir into meat and bone meal after the abstraction of fat for soap manufacture.

Livestock Markets.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs John Swan and Messrs Oliver & Son Ltd., Messrs Bosomworth and Sons held their sales in the Corporation Market. The following table indicates the number of animals passing through the markets during 1966:—

Cattle	...	...	...	...	19,673
Calves	...	...	...	...	2,942
Sheep	...	...	...	...	207,943
Swine	...	...	...	...	18,884
					249,442

The market for store stock was held every Wednesday of each week. The following table indicates the number of animals passing through the store market:—

Cattle	...	...	...	...	22,942
Sheep	...	...	...	...	64,973
Swine	...	...	...	...	66,068
					153,983

INSPECTION OF OTHER FOODS

Food Hygiene Regulations (Scotland) 1959, and Section 9 of the Food and Drugs Act, 1956

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs Act, 1956, is combined with the duties under the Food Hygiene Regulations and as stated in previous reports, particular attention is paid by meat inspection staff to butchers' and fishmongers' shops. The following table indicates the number of visits paid to shops, etc., during 1966:—

Butchers' Shops	...	...	...	...	737
Fishmongers' Shops	...	...	...	...	224
Fish Markets	...	...	...	...	308
Wholesale Grocers	...	...	...	...	1,330
Fruit Markets	...	...	...	...	288
Meat Sales and Cold Stores	...	...	...	...	1,332
Restaurants	...	...	...	...	26
Cooking Centres, Canteens and Hospitals	...	...	...	...	152
Bakeries and Bakers' Shops	...	...	...	...	32
Householders	...	...	...	...	51
Manufacturing Premises	...	...	...	...	37
Miscellaneous	...	...	...	...	85
					4,602

During the year requests continued to be received from food traders within the city who wished to obtain condemnation certificates for unsound foodstuffs so that they could claim from the manufacturers or importers. The chief commodity dealt with was tinned foods, and the chief cause of seizure was either that the tins were found to be 'blown' or because they had been damaged. The latter category is now very common and is exceedingly important where goods are exposed for sale in self-service stores, as housewives, given freedom of choice, refuse to uplift any tin with the slightest dent. As a result, the retailers have no alternative but to return such cans to the wholesaler where they are inspected by the veterinary department food inspection staff and if considered unsound the tins are seized. Complaints were also received from members of the public due to mould growth on pies, sausage rolls, fruit tarts, etc. On investigation it was found that this was usually associated with poor stock rotation and on each occasion the shopkeeper in question was advised to apply his own coding mark to such goods on arrival at his premises so that no food packet could be overlooked and so give cause for complaints of this nature. This year some complaints were received when the new 'home' potatoes came onto the market owing to their being affected with blight. This causes early rotting of the potato and renders them unfit for consumption. Two complaints were also received regarding the purchase of bakery products which had absorbed the odour of paint from a bakery which had been newly decorated. All of these incidents were carefully investigated.

A total of 9,641 certificates were issued during the year in respect of tins and other foodstuffs seized.

Food Poisoning Investigation.—Assistance was given to the medical officer in charge of the Infectious Diseases Section when incidents of food poisoning occurred within the city. In April a case of chemical poisoning occurred through the consumption of the contents of a tin of South African Paw-Paw. Some of the material was submitted to the City Analyst who reported a tin concentration of 2,700 parts per million. On investigating this complaint it was found that the shopkeeper had difficulty in selling this item and had, in fact, been in possession of this brand of goods for three years. Six other tins, still on display in the shop, were seized. Public attention should be drawn to the inadvisability of keeping food with acid content, *e.g.* apples, rhubarb, etc., for a prolonged period. When a tin containing food with acid content is opened the material should be decanted at once as free access of air accelerates absorption of the metal.

Salmonella Survey.—During the year 67 samples of raw mince and sausages were taken from meat shops within the city and submitted to the Royal (Dick) School of Veterinary Studies, Department of Veterinary Hygiene, for examination. No organisms of the salmonellae group were recovered from any of these samples but *E. coli* was common and paracolon bacilli were found in 16 samples. Samples of mussels were also collected during the year and examined for salmonellae—all samples proved negative. In order to investigate other incidents, the following commodities were sampled:—soup, 2; boneless beef, 2; corned beef, 6; tinned meat, 14; tinned fish, 4; shrimps, 2; walnuts, 1; sausage rolls, 2; miscellaneous foods, 2.

Imported Egg.—During the year a total of 172 samples of imported egg were taken at Leith Docks and submitted to Edinburgh University Bacteriological Department for the detection of salmonellae. Nineteen consignments of egg products were received from Denmark and all samples taken were negative; eighteen consignments were received from Holland—two of these lots were found to be positive for salmonellae. The sero-types recovered were *S. anatum* and *S. meleagridis*. Both consignments were re-exported.

The Liquid Egg (Pasteurisation) Scotland Regulations, 1963.—These Regulations require the pasteurisation of liquid egg to be used in food intended for sale for human consumption, other than egg broken out on the manufacturer's premises and used within twenty-four hours. The egg must be subjected to a temperature of not less than 148° F. for at least 2½ minutes and thereafter cooled at a temperature below 38° F. A chemical test—the Alpha-Amylase Test—is used to ensure the efficiency of the process.

Two firms operated pasteurisation plants in Leith—one continuously throughout the year, the other only from time to time. Periodic tests were made to check the efficiency of the pasteurisation process. All samples taken passed the Alpha-Amylase test.

The Regulations apply also to imported egg and during the year thirty-nine

consignments of pasteurised whole hen egg were received from Poland. A total of 350 samples were taken and subjected to the Alpha-Amylase test; two lots gave borderline readings but repeat samples submitted proved more satisfactory. The consignments, therefore, were released for distribution. The firms, on both occasions, were notified of these findings in order that steps could be taken to improve the pasteurisation process at the factories in question.

Twelve consignments of Chinese Pasteurised Frozen Hen Egg were received at Leith through the Port of Glasgow. 175 samples taken from these consignments were submitted for the Alpha-Amylase Test and all proved negative. Samples of this material were taken also from each consignment and sent for bacteriological examination; all samples proved negative for salmonellae.

During the year two lots of Dried Hen Egg Albumen were accepted into Edinburgh for heat treatment, having been found to be infected with salmonella in other parts of the country. The heat treatment was carried out by the Edinburgh Hygiene Company and as the albumen was in powder form it was subjected to a temperature of 138° F. for a period of six days. All samples taken after treatment proved negative.

Meat Contracts.—Periodic visits were made to School Meals Centres to check the quality of meat supplied by butchers. Suppliers' premises were also frequently visited to ensure that a good standard of hygiene prevailed there. By arrangement with the Regional Hospital Board visits were made also to various hospitals in the city by the Inspectors of the Veterinary Department in order to check the quality of meat and fish supplied by the various contractors. During the year 74 visits were made to hospitals within the city.

School Meals.—A lecture was given in October on "Food Handling and Hygiene" to assembled members of the School Meals Staff, and during the year periodic lectures were given to trainee staff at the School Meals Training Centre.

Certificates for Export.—Certain countries require a certificate stating that animal products originating in this country are free from certain diseases and during the year 40 certificates were issued in respect of wool to Italy; and 2 certificates in respect of wool to Belgium. Other countries require a certificate stating that the imported foodstuffs are sound and have been handled in a hygienic manner in this country. During the year 25 certificates were issued in respect of sausage skins; 19 certificates in respect of smoked salmon; 1 certificate in respect of herring fillets to Italy; 1 certificate in respect of a consignment of venison, and 1 certificate in respect of flour to India.

The weight of foodstuffs seized in markets, shops and other premises in the city during 1966 was as follows:—

	<i>Weight in lbs.</i>
Tinned Soups	5,934 $\frac{3}{4}$
Tinned Milk	1,738
Jam	402
Carrots	142,312
Onions	11,756
Cauliflower	12,208
Potatoes	79,268
Cucumber	4,758
Miscellaneous Vegetables	64,340 $\frac{1}{4}$
Beef	12,749 $\frac{1}{4}$
Meat	14,987
Cooked Ham	14,844 $\frac{1}{2}$
Pork	8,360 $\frac{1}{4}$
Fresh Fruit	51,706
Tinned Fruit	21,882 $\frac{1}{2}$
Poultry	3,371 $\frac{1}{4}$
Fish	3,827
Cheese	616
Coffee Beans	308
Butter	336
Miscellaneous	9,934 $\frac{1}{4}$
	465,639

Equal to: 207 tons 17 cwt. 1 qrs. 27 lbs.

PORT FOOD INSPECTION

A large variety of imported foodstuffs was inspected under the Public Health (Imported Food) (Scotland) Regulations, 1937—chiefly from Holland and Denmark and also from Poland, Canada, Cyprus, Israel, etc. The following imported foodstuffs were condemned, rejected or re-exported at the Port of Leith during 1966:—

	<i>Weight in lbs.</i>
Dutch Whole Hen Egg	15,576
Luncheon Meat... ..	24
Butter	532
Marzipan	56
Onions	106,596
Potatoes	9,408
Carrots	12,712
	144,904

Equal to: 64 tons 13 cwt. 3 qrs. 4 lbs.

The consignments of potatoes from Cyprus were found by the officials of the Department of Agriculture to be affected with the potato tuber moth (*Gnorimoschema operculella*). Potatoes affected with this parasite are not permitted to be imported and therefore the whole consignment was re-exported to the Continent.

The total diseased and unsound foodstuffs dealt with by the Department in the city during 1966 is summarised as follows:—

	<i>Weight in lbs.</i>
At Abattoir—Carcases... ..	193,375
Offal (weight estimated)	262,048
In Shops, Warehouses, etc.	465,639
At Port of Leith	144,904
	1,065,966

Equal to: 475 tons 17 cwt. 2 qrs. 6 lbs.

DISEASES OF ANIMALS ACTS

These Acts confer power on the Ministry of Agriculture, Fisheries and Food to make Orders for the control and prevention of animal diseases, to govern the import and export of animals and carcasses, and to control the conditions of transport of animals by land, and by sea. The following diseases are subject to administrative control by means of Orders by the Ministry:—

Anthrax
 Foot-and-Mouth Disease
 Swine Fever
 Bovine Tuberculosis and Contagious Abortion.
 Fowl Pest
 Rabies
 Parasite Mange of Horses (1948)
 Sheep Scab (1952)
 Cattle Plague or Rinderpest (1877)
 Contagious Bovine Pleuro-pneumonia (1898)
 Epizootic Lymphangitis (1906)
 Glanders and Farcy (1928)
 Sheep Pox (1850)

There have been no cases of the last seven diseases in Great Britain since the date shown against each.

Anthrax.—The number of cases in Great Britain decreased from 515 in 1965 to 222 in 1966. Four suspected cases were reported in the city. Three of these were negative but the other case concerned a sow which had been post-mortemed at the Veterinary Investigation Laboratory of the College of Agriculture, whose post-mortem findings showed lesions typical of anthrax. The disease, however, was not confirmed by the Ministry of Agriculture although it was pointed out in their report that, as the sow had been under full antibiotic therapy, anthrax, as a cause of death, could not be ruled out completely. All necessary precautions were taken and the carcass was disposed of by incineration at the Seafeld Destructor Plant.

Foot-and-Mouth Disease.—There were thirty-four outbreaks in Great Britain during 1966 resulting in the slaughter of approximately 45,312 animals. The nearest infected area was in Northumberland.

The Disease of Animals (Waste Foods) Order, 1957.—This Order places the responsibility for inspecting and licensing of boiling plants on the local authority. In addition, precautions must be taken to prevent animals having access to unboiled swill and to prevent the mixing of raw with boiled swill—swill must be boiled for at least one hour. In 1966 nineteen pig keepers operated swill plants within the city. Two of these plants were found, on routine inspection, to be rather dilapidated and extensive repairs were ordered to be carried out.

Swine Fever.—Only twenty-five outbreaks of Swine Fever occurred in Great Britain in 1966 compared with one hundred and thirteen the previous year. There were no outbreaks within the City.

The Regulation of Movement of Swine Order, 1959.—This Order states that no sale of pigs can be held unless it is authorised by the local authority. Messrs John Swan & Sons, and Messrs Oliver & Son Ltd., of New Mart Road, Edinburgh, are so authorised to hold markets and all store pigs leave the premises under licence. During the year 32,362 pigs were licensed from Swan's, and 34,075 from Oliver's necessitating the issue of 3,213 licences.

The above Order also requires the licensing of pigs from Fatstock Centres and during the year 19,186 pigs were licensed, requiring the issue of 909 licences.

Bovine Tuberculosis.—In 1966 no tubercular cows were found on routine inspection of byres within the city.

Fowl Pest.—There were 194 notified cases in Great Britain of this disease during 1966. No outbreaks occurred in the city.

Sheep Scab.—There have been no cases of sheep scab in Great Britain since 1952. The number of sheep dipped at the Corporation Market during 1966 was 210.

IMPORTATION OF ANIMALS

Irish Cattle.—The Order which controls the importation of Irish Cattle provides that the cattle must be landed at ports approved for the purpose, where, on arrival, they are inspected and thereafter moved under licence; in the case of fat cattle—to a slaughterhouse, either direct or through an authorised market, and in the case of store cattle to (a) a specially authorised market, or (b) farms or other premises where they must be detained for six

days on arrival. At Gorgie Market 10,663 Irish Cattle were received under licence from ports and 716 licences were issued authorising the movement of these cattle from the market. 439 Irish Cattle were moved to farms in the district of the local authority from the markets or direct from the ports where they were maintained under observation during the period of detention. A total of 4,603 fat Irish cattle were licensed from the ports to Gorgie Abattoir.

Dogs and Cats.—The Importation of Dogs and Cats Order, 1928, is intended to protect Great Britain against the introduction of rabies through the agency of canine and feline animals brought from overseas. The landing of such animals is prohibited in Great Britain except under licence granted by the Ministry of Agriculture. After landing, the animals must be detained for six months in a place of detention or quarantine approved by the Ministry of Agriculture for this purpose. During the year 54 dogs and 10 cats were received and detained in the city in quarantine. They were detained under the observation and supervision of the police force.

Sea Transport of Animals (Protection) Order, 1957.—There were three consignments of bullocks—a total of 566 animals—exported from Leith Docks to Germany. Certificates were issued with each consignment of animals stating that they had been rested for a period of at least ten hours prior to shipment.

During the year 2,554 sheep, 15,436 lambs, 804 cows, 287 store cattle, 17 bulls, 188 calves, 17 pigs and 4 ponies were landed at Leith Docks from coastwise vessels—mainly Orkney and Shetland. Also landed at Leith Docks—one badger. This animal was consigned to the Zoological Gardens. The cleansing and disinfection of the vessels after landing of the animals was carried out under the supervision of the officers of the local authority.

The Transit of Animals Order is similarly designed to protect animals during road and rail transit and in addition requires the disinfection of vehicles used in the transport of livestock. The Market Committee continued to provide facilities for this to be carried out at Gorgie Markets. During the year 2,972 vehicles were cleansed and disinfected, an average of 57 per week.

Market, Sales and Lair Order.—This Order regulates many features in the construction of livestock markets and provides for cleansing and disinfection on each occasion after use. All markets at Gorgie are well constructed for efficient and relative easy disinfection. Regular supervision has been maintained and the work generally has been well done.

Pet Animals Act, 1951.—This Act controls the sale of pet animals and during the year 23 pet shops were licensed by the local authority. Forty-five visits were made to these shops during the year and no contraventions of the Act were encountered. One complaint was received regarding a ferret which was alleged to have been kept in rather unclean conditions, and in

another instance it was alleged that a dog was being kept in rather cramped quarters.

The Animal Boarding Establishment Act, 1963.—This Act requires the local authority to register all premises in which dogs and cats are boarded. Six kennels were registered in the city and eighteen visits were paid to supervise the conditions of the accommodation. A good standard of hygiene was maintained in all of these premises and no adverse reports were received from members of the public. At one of the premises all kennels and runs were completely renewed.

The Riding Establishment Act, 1964.—This Act requires the local authority to register all riding establishments. Only one riding establishment exists within the city boundary and on routine inspection it was found that a very high standard of management was maintained at this stable.

Farms.—The department has continued to provide clinical services for the Regional Hospital Board farm at Roddinglaw.

Papers Published.—The following papers were published during the year:—

“ Abscesses in Pigs ”—in *The Veterinary Record*.

“ Occupational Infections in the Edinburgh Abattoir ”—in the *British Medical Journal*.

(Co-authors: M. E. Schonell, J. G. Brotherston, R. C. S. Burnett, J. Campbell, Joyce D. Coghlan, Margaret A. J. Moffat, and J. A. W. Sutherland.)

Police Stud and Dog Section.—As in previous years regular veterinary attention was given to the police horses and dogs.

Police Services.—I wish to express my gratitude to the Chief Constable for his willing co-operation and to the officers of the police force whose assistance has contributed materially to the efficient performance of the duties under the Diseases of Animals Acts.

SECTION VIII

CITY ANALYST

REPORT OF THE CITY ANALYST

During the year 1966 a total of 6,783 analyses and tests have been carried out in the Scott-Dodd Memorial Laboratory. The Laboratory also undertakes work for ten other Food and Drugs Authorities in Scotland, for the Scottish Gas Board, the North of Scotland Hydro Electric Board, Laich of Moray Water Board and for a few private commercial firms in Edinburgh and district. The total number of such investigations carried out during the year under review was 1,268 and so the proportion of the work of the laboratory directly attributable to the Corporation of the City of Edinburgh was 81·1 per cent. A classification of the samples received is given below.

City of Edinburgh					
Food & Drugs Act					1,439
Milk Samples	381				
Fertilisers & Feeding Stuffs Act					8
Rag Flock Act					11
Atmospheric Pollution					3,668
Deposit Gauges	35				
Smoke in Air Determinations	1,799				
Sulphur Gases in Air Determinations					
Lead Peroxide Candle Method	35				
Volumetric Method	1,799				
Waters—from all sources					319
Miscellaneous					70
Total samples received from City of Edinburgh				—	5,515

Details of the analyses done under the above headings are contained in the appropriate sections of the report by the Chief Sanitary Inspector and the Chief Veterinary Officer. As required by the Food and Drugs (Scotland) Act, 1956, the City Analyst makes a quarterly report to this authority and this is transmitted to the Secretary of State for Scotland, together with the details of any action taken in each case. These reports have been used as a basis of a complete annual report by the City Analyst and this is being published separately.

SECTION IX

HEALTH EDUCATION AND RESEARCH

HEALTH EDUCATION AND RESEARCH

Health Education continued to play its vital role in the health services of the city during 1966 and this was given further impetus by the opening of the Health Education Centre at 25 Castle Terrace. The premises, which were opened on 17th May, have been converted to house small exhibitions and also to display the many visual aids which are available to all who are engaged in health teaching in the city. In addition, accommodation in the basement floor is utilised for workrooms and storage.

The Centre which is opened from 1-5 p.m. Monday to Friday, has had many visitors, interested in using the facilities available, including school teachers and students from Moray House Training College, Napier Technical College, Queen's Institute of District Nursing, Health Visitor Training Course and the Comprehensive Nurse Training Course.

The standard of exhibit is high and the Food Hygiene Exhibition, which has been on display in the main display room, will be replaced by one on Dental Health which will be used for teaching dental hygiene to groups of school children.

General Health Education

During the year, 180 meetings were arranged with various groups throughout the city, the total attendance at these meetings being 5,649. The subjects covered were Food Hygiene, Atmospheric Pollution and Dental Health. There is a decrease in the number of these meetings on previous years and it would appear that some groups are experiencing difficulty in attracting members to their meetings and for this reason are reluctant to book speakers. There is no doubt, however, that these meetings are worthwhile.

Pegboard and poster board displays covering the topics, Food Hygiene, Atmospheric Pollution and Dental Health were prepared and circulated round the Child Welfare clinics. Leaflets on the same topic were distributed. Posters dealing with cigarette smoking and home safety were displayed on city transport.

World Health Day

The Department again co-operated with Edinburgh University to arrange a public meeting to mark World Health Day. This was held in the David Hume Tower, George Square, on 31st May. The subject was 'Man and his Cities', the speakers being Dr P. J. Lawther, Director of the M.R.C. Air Pollution Research Unit, and Professor P. E. A. Johnson-Marshall, Department of Architecture, Edinburgh University. A small exhibition illustrating the dangers of air pollution was arranged in the foyer.



HEALTH EDUCATION CENTRE—
ENTRANCE HALL.



HEALTH EDUCATION CENTRE—
VISUAL AIDS ROOM.

Health Teaching in Schools

Various developments have been taking place over the past few years in secondary schools in the field of social education but little has been attempted in the corresponding field in primary schools. In order to rectify this a panel of headmasters, teachers and specialists has been set up to report on the question of health and social education in primary schools. This has been given full backing by the Health and Social Services Department, which was asked to provide the services of a medical officer. In view of her previous research work and interest in the subject, Dr L. Watson has been released for this purpose.

Health teaching continues in two senior secondary schools, mostly with third year pupils. The keynote of the work is the informal atmosphere on a personal level applying health teaching to their needs. Lately first year entrants into senior secondary schools received short courses of guidance.

Health Education and Research Project

The outstanding work over the last two years by Dr L. Watson in undertaking an evaluation of health education techniques deserves to be recorded here. Concerning as it does measures attempted to control cigarette smoking amongst secondary school children, the reports on the subject are commended for detailed study by everyone interested in education of children in general and health education in particular.

These methods adopted and the results of the evaluation were published in "Health Bulletin" Vol. XXIV, No. 1, January 1966.

Foot Health

An interesting insight into the shoe trade was obtained by a school health visitor after criticism of the unsuitability of teenage shoes. An invitation was received to visit a well known manufacturer's factory in the south of England to see the research work which was done on foot health with the co-operation of some local health and education authorities. Findings were available to the trade generally and showed that feet were ruined between the ages of ten and twenty years, those with good foot health during this period escaping foot troubles later.

Computer Recording

It is now obvious that the electronic computer will play an ever increasing role in the health services of the future. The ability to store data and compile tables and the speedy access which one can have to such data makes the computer admirable for the storage of records such as are used in this department, examples are vaccination and immunisation records which could be stored on magnetic tape, any information regarding the immunisation state of a particular child being readily available. The computer could also arrange appointments for children to attend either a child welfare clinic or the child's own general practitioner, and would keep a check on those who,

for some reason, missed an injection. It has been shown in England that this method of recording immunisation schedules results in a higher percentage of immunised children in the community. Birth and death records could also be stored on the computer and would allow one to extract data for weekly or monthly reports with relative ease. This has been done for all deaths occurring in Edinburgh in 1966.

Visitors

The Department again had its full quota of medical and lay visitors from home and overseas. These visits, varying from one day to a week or more, are intended to give the visitor an insight into the workings of a large local authority health department. The number of G.P. trainee assistants attending such visits continues to increase and all agree that much benefit is derived from them.

News Bulletin

The Public Health News Bulletin published thrice yearly has been a success in keeping individuals employed in the many and varied tasks of the department informed of progress being made in other sections of the department.

PREVENTION OF HOME ACCIDENTS

The fireguard loan scheme, introduced in 1951 by the Edinburgh Accident Prevention Council (Home Safety Committee), was continued during the year. 225 new guards were purchased and allowing for those 'written off' or missing or beyond repair, 2,214 are in use. 2,196 of these are in households with young children and 18 were issued to the aged or handicapped. The waiting list of applicants at 31st December was 30.

A further six crayleigh cooker safeguards were purchased during the year and 72 are now on loan.

The total number of home accidents reported during 1966 to the department by hospitals and police was 3,413. Health visitors investigated 409 of the more serious type.

INDEX

	PAGE
Accidents—	
Accident Prevention Council	210
Child Deaths... ..	18
Home Accidents Reported	210
Deaths from Home Accidents	8, 9
Aged—Services For	88
Analyst	206
Anti-Fly Campaign	152
Ascertainment of Handicap	24, 45
Atmospheric Pollution	153, 175
“At Risk” Register	25, 37
Audiometric Testing	68
 Bacteriological Services	 134
B.C.G. Vaccination—	
School Health	48, 65
Prevention of Tuberculosis	125, 127
Births—	
Live	6, 15, 27, 31
Still	5, 6, 15, 29, 31
Illegitimate	6, 16
In Wards	11, 30
Premature	15, 28
Rates	5, 28
Blind Persons	93
Bug Infestation of Houses	149
 Cancer—Analysis of Deaths	 7
Care of Mothers and Young Children—	
Ascertainment of Deafness	24
“At Risk” Register... ..	25, 37
Clinics	18, 34
Day Nurseries	19, 34
Dental Care	21
Domiciliary Midwifery Service	14, 26
Health Visiting	21, 36
Health Visitors Training Course	22
Illegitimate Births	16
Immunisations	19, 34

INDEX—continued

	PAGE
Infant Feeding Centre	21
Infant and Pre-School Child Deaths	16, 29, 31, 33
Live Births	15, 27
Maternal Deaths	15, 26
Mother and Baby Homes	21, 36
Nursery Nurse Training Scheme	20
Nurseries and Child Minders	20, 35
Ophthalmia Neonatorum	18
Phenylketonuria	24
Premature Births	15, 28
Puerperal Fever	15
Puerperal Pyrexia	15
Stillbirths	15, 29, 31
Toddlers' Play Centres	20, 35
Welfare Foods Distribution	20, 35
Carcases Condemned in Abattoir	196
Care and After-Care—Mental Health	101
Cerebro-Spinal Meningitis	119
Chiroprody Service—	
Old People	92
Schools	61
City Analyst	206
Class Inspections—School Health	45, 50
Clearance Areas	146
Clinics—	
Child Welfare	18, 34
Vaccination	142
School	46
Comprehensive Development Areas	146
Condemnation Certificates (Retail Shops)	197
Crayleigh Cooker Safeguard	210
Day Care Centre—Mental Health	105
Day Nurseries	19, 34
Deaf—Disablement	94
Deafness—Pre-School Children	24
Deaths—	
Age, Sex and Cause	8, 9
Pre-School Children	16, 33
Home Accidents	8, 9
In Wards	11
Infant	5, 16, 29, 30, 32
Neo-Natal	5, 31, 32
Peri-Natal	17, 31
Principal Causes	8, 9
School Children	53, 63
T.B.	5, 8, 9, 125, 130

INDEX—*continued*

	PAGE
Death Rates	5, 6
Dental Services—	
Mothers and Young Children	21
School Children	69
Diphtheria	46, 140
Diseases of Animals Act	201
Domiciliary Midwifery Service	14, 26
Dysentery	119
Epidemic Diseases—Deaths	5
Erysipelas	122
Export Certificates (Packing Materials)	199
Factories Act 1961	158, 176
Fireguard Loan Scheme	210
Food Control	161
Food Hygiene	159, 161
Food Inspection	197
Food Poisoning	117
Food Seizure	201
Guardianship—Mental Health	103
Hairdressers and Barbers	150
Handicapped—Services For	93
Hand Drying Facilities—Schools	42
Health Committee—Members of	2
Health Education	208
Health Visitors	21, 36, 42, 80, 85, 127
Health Visitors Training Course	22
Heights and Weights—School Children	64
Home Helps	113
Home Nursing (Q.I.D.N.S.)	79, 84
Home Nursing Aids	82
Hostel—Mentally Handicapped	127
Hospital Admissions—T.B.	102, 103
Housing—Sanitary	146
Housing Repairs and Rent Act	149, 188
Immunisations—	
Pre-School Children	19, 34
School Children	46
General	140

INDEX—*continued*

	PAGE
Importation of Animals	202
Individual Unfit Houses	148
Infant Feeding Centre	21
Infant Mortality	5, 29, 31, 32, 33
Infectious Diseases—	
Cerebro-Spinal Meningitis	119
Diphtheria	120
Dysentery	119
Food Poisoning	117
Measles	120
Notifications	122
Other Infectious Diseases	121
Paratyphoid B	116
Pneumonia Influenzal	120
Pneumonia Primary	120
Poliomyelitis	121
Scarlet Fever	121
Typhoid Fever	116
Whooping Cough	121
Inhabited Houses	5, 6, 12
Inspections—Sanitary	173
Inspections and Treatment—School Children	45, 46, 50
Joint Committee on School Medical Services	2
Licensing of Nursing Agencies	83
Livestock Markets	196
Lodging Houses	150, 174
Lung Cancer	7
Marriages	5, 6
Maternal Deaths	5, 15, 26
Meals—School Children	45
Measles	120
Meat Inspection Statistics	191
Medico-Social Services—	
Aged	88
Handicapped	93
Mental Health	97
Medical Social Workers	110
Home Helps	113
Pre-Symptomatic Diagnosis	113
Rehousing on Health Grounds	114

INDEX—continued

	PAGE
Mental Health Services—	
Care and After-Care	101
Day Care Centre	105
Guardianship	103
Handicap	40, 103
Hostels	102, 103
Mental Illness	100
Social Clubs	102
Short Stay Care	105
Training Centre	104
Milk Testing	166, 182
Milk and Dairies	166, 190
Mothercraft Instruction	42
Mother and Baby Homes	21, 36
Neo-Natal Mortality	5, 31, 32
Noise Abatement	151
Nuisances and Structural Defects	150, 171
Nurseries	19, 34
Nursery Nurse Training Scheme	20
Nursery and Child Minders Regulations	20, 35
Nursing Services—	
Health Visiting	80, 85
Home Nursing Aids... ..	82
Licensing of Nursing Agencies	83
Queen's Institute of District Nursing	79, 84
Registration of Nursing Homes	83
Offensive Trades	150
Offices, Shops and Railway Premises Act 1963	158, 178
Ophthalmia Neonatorum	18
Other Disabled Persons	95
Paratyphoid B	116
Peri-Natal Mortality	17, 31
Phenylketonuria	24
Physically Handicapped Persons	39, 95
Pneumonia Influenzal	120
Pneumonia Primary	120
Poliomyelitis—	
Notifications	121
Vaccinations	46, 142
Population... ..	5, 6
Port Food Inspection	200
Port Health Supervision	143

INDEX—*continued*

	PAGE
Port Sanitary Inspection	168, 184
Pre-Symptomatic Diagnosis	113
Premature Births	15, 28
Prevention of Damage by Pests Act 1949	151, 181
Prosecutions—Sanitary	169, 186
Puerperal Fever and Pyrexia	15
Queen's Institute of District Nursing	79, 84
Registration of Nursing Homes	83
Remand Home	50, 68
Residential Schools and Institutions	51
Rodent and Insect Control	151
Rehousing on Health Grounds	113
Sanitary Services—	
Anti-Fly Campaign	152
Atmospheric Pollution	153, 175
Bug Infestation of Houses	149
Clearance Areas	146
Comprehensive Development Areas	146
Factories Act 1961	158, 176
Food Control	161
Food Hygiene	159, 161
Hairdressers and Barbers	150
Housing	146
Housing Repairs and Rents Act	149, 188
Individual Unfit Houses	148
Inspections	173
Lodging Houses	150, 174
Milk Testing	166, 182
Noise Abatement	151
Nuisances and Structural Defects	150, 171
Offensive Trades	150
Offices, Shops and Railway Premises Act 1963	158, 178
Port Sanitary Inspection	168, 184
Prevention of Damage by Pests Act 1949	151, 181
Prosecutions	169, 186
Rodent and Insect Control	151
Sale of Food and Drugs Acts	162
Shops Acts	158, 178
Water Sampling	150
Scarlet Fever	121
School Health Services—	
Ascertainment of Handicap	45
Audiometric Testing	68

INDEX—*continued*

	PAGE
B.C.G. Vaccination	48, 65
Child Guidance Service	42
Chiropody Service	61
Class Inspections	45, 50
Deaths—School Children	53, 63
Dental Services	69
General Statistics	43
Hand Drying Facilities	42
Handicapped Children	51, 60, 62, 67
Health Education	42
Health Visitors	42
Heights and Weights	64
Immunisations	46
Infectious Diseases	47
Meals	45
Medical Treatment	46, 51, 54, 61
Remand Home	50, 68
Selective Medical Examinations	41
Systematic Medical Examinations	49, 54, 55
Toilet Accommodation	44
Treatment Centres	46
Tuberculosis	47
Vision Testing	66
Visiting Teachers Roll	67
Services for the Handicapped—	
Blind	93
Deaf	94
Other Disabled	95
Short Stay Care—Willowbrae House	105
Social Clubs—Mental Health	102
Staff	3
Stillbirths	5, 6, 15, 29, 31
Teaching	22, 23, 42, 80, 99
Toddlers' Play Centres	20, 35
Training Centres—Mental Health	104
Typhoid Fever	116
Tuberculosis—	
B.C.G. Vaccination	48, 125, 127
Deaths	8, 9, 125, 130
Health Visiting	127
Hospital Admissions	127
Non-Respiratory T.B.	126, 130
Notifications in Wards	126
Notifications by Age and Sex	127, 128
Register	129
Respiratory T.B.	126

INDEX—*continued*

	PAGE
Venereal Diseases...	131
Veterinary Services—	
Carcases Condemned	196
Condemnation Certificates (Retail Shops)	197
Diseases of Animals Acts	201
Export Certificates (Packing Materials)	199
Food Inspection	197
Food Seizure...	201
Importation of Animals	202
Livestock Markets	196
Meat Inspection Statistics	191
Milk and Dairies	190
Port Food Inspection	200
Vital Statistics (<i>see also</i> Births, Marriages, Deaths, Population etc.)	5
Ward Statistics	11
Water Sampling	150
Welfare Committee—Members of	2
Welfare Foods Distribution	20, 35
Whooping Cough...	121
Willowbrae House—	
Day Care Centre	105
Residential Unit	105

